

17-062

[ORIGINAL]

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**RECEIVED****This Section must be completed for all projects.**

NOV 06 2017

Facility/Project Identification

Facility Name:	Auburn Park Dialysis	HEALTH FACILITIES & SERVICES REVIEW BOARD
Street Address:	7939 South Western Avenue	
City and Zip Code:	Chicago, Illinois 60620	
County:	Cook	
Health Service Area:	6	Health Planning Area: 6

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	DaVita Inc.
Street Address:	2000 16 th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16 th Street
CEO City and Zip Code:	Denver, CO 80202
CEO Telephone Number:	(303) 405-2100

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

☐ Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
☐ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Bryan Niehaus
Title:	Senior Consultant
Company Name:	Murer Consultants Inc.
Address:	19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@murer.com
Fax Number:	708-478-7030

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	Tim Tincknell
Title:	Administrator
Company Name:	DaVita Inc.
Address:	2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Auburn Park Dialysis		
Street Address:	7939 South Western Avenue		
City and Zip Code:	Chicago, Illinois 60620		
County:	Cook	Health Service Area:	6
		Health Planning Area:	6

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Sappington Dialysis, LLC
Street Address:	2000 16 th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16 th Street
CEO City and Zip Code:	Denver, CO 80202
CEO Telephone Number:	(303) 405-2100

Type of Ownership of Applicants

- | | |
|---|---|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> |
| Other | |
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Bryan Niehaus
Title:	Senior Consultant
Company Name:	Murer Consultants, Inc.
Address:	19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@murer.com
Fax Number:	708-478-7030

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	FREP 79 th & Western, LLC
Address of Site Owner:	477 Elm Place, Highland Park, Illinois 60035
Street Address or Legal Description of the Site:	7939 South Western Avenue, Chicago, Illinois 60620
Legal Description	Lots 11 to 19, both inclusive, in Western Avenue and 80 th Street Resubdivision of Lots 1 to 45 in Block 2 in C. H. Beckwith Subdivision of the Northwest ¼ of Section 31, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Sappington Dialysis, LLC
Address:	2000 16 th Street, Denver, CO 80202
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT 5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT 6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DaVita, Inc. and Sappington Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 7939 South Western Avenue, Chicago, Illinois 60620. The proposed dialysis facility will include a total of approximately 4,484 gross square feet in clinical space and 2,538 gross square feet of non-clinical space for a total of 7,022 gross rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$794,361	\$449,618	\$1,243,979
Contingencies	\$79,435	\$44,961	\$124,396
Architectural/Engineering Fees	\$94,000	\$25,000	\$119,000
Consulting and Other Fees	\$80,000	\$10,000	\$90,000
Movable or Other Equipment (not in construction contracts)	\$637,705	\$86,822	\$724,527
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,118,665	\$633,178	\$1,751,843
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,804,166	\$1,249,579	\$4,053,745
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,685,501	\$616,401	\$2,301,902
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,118,665	\$633,178	\$1,751,843
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,804,166	\$1,249,579	\$4,053,745
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>2,482,976</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): February 29, 2020	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS **ATTACHMENT 9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

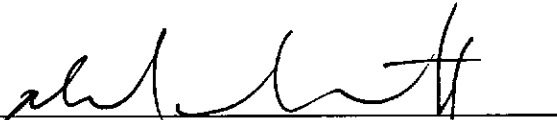
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, DaVita Kidney Care

PRINTED TITLE

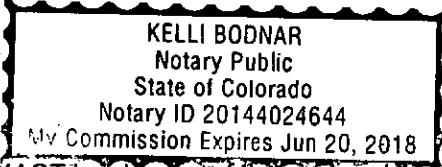
Notarization:

Subscribed and sworn to before me
this 2nd day of October, 2017




Signature of Notary

Seal



*Insert EXACT legal name of the applicant



SIGNATURE

Arturo Siga

PRINTED NAME

Assistant Corporate Secretary

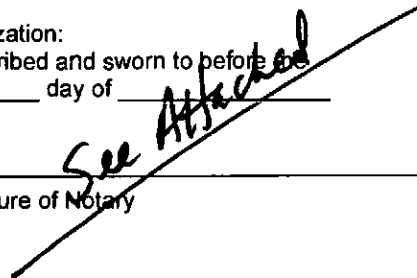
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

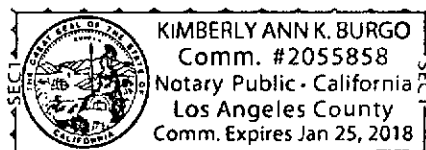
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

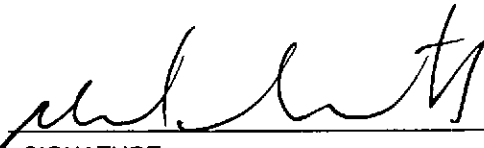
SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Sappington Dialysis, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Michael D. Staffieri

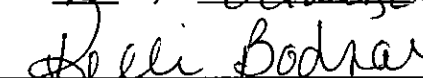
PRINTED NAME

Chief Operating Officer of Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

PRINTED TITLE

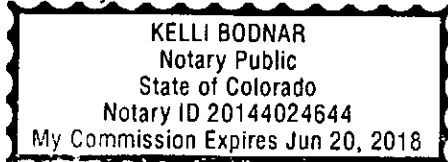
Notarization:

Subscribed and sworn to before me
this 22 day of October, 2017



Signature of Notary

Seal



*Insert EXACT legal name of the applicant



SIGNATURE

Arturo Sida

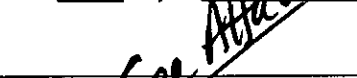
PRINTED NAME

Secretary of Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____



Signature of Notary

Seal

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

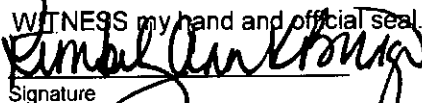
County of Los Angeles

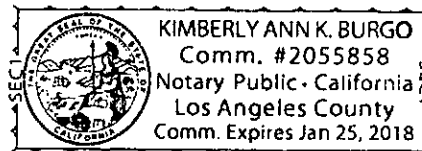
On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.1430 - In-Center Hemodialysis

- Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
- Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

- Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

<u>\$2,301,902</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
_____	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>\$1,751,843</u> (FMV of Lease)	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$4,053,745	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner

consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Sappington Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Sappington Dialysis, LLC will be the operator of Auburn Park Dialysis. Auburn Park Dialysis is a trade name of Sappington Dialysis, LLC and is not separately organized. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2391269 8300

SR# 20165704525

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202957561

Date: 09-08-16



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SAPPINGTON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 29, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of OCTOBER A.D. 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1727602662 verifiable until 10/03/2018

Authenticate at: <http://www.cyberdriveillinois.com>

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between FREP 79th & Western, LLC and Sappington Dialysis, LLC to lease the facility located at 7939 South Western Avenue, Chicago, Illinois 60620 is attached at Attachment – 2.



225 West Wacker Drive, Suite 3000
Chicago, IL 60606

Web: www.cushmanwakefield.com

September 19, 2017

Andrew Rubin
Frontline Real Estate Partners
477 Elm Place
Highland Park, IL 60035

RE: LOI – 7939 S Western Ave, Chicago, IL 60620

Mr. Rubin:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US.

PREMISES: 7939 S Western Ave, Chicago, IL 60620

TENANT: Total Renal Care, Inc. or related entity to be named

LANDLORD: FREP 79th & Western, LLC

SPACE REQUIREMENTS: Requirement is for approximately 7,022 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996.

PRIMARY TERM: 15 years

BASE RENT: \$26.00/SF NNN with 2% annual escalations on the base rent

ADDITIONAL EXPENSES: Approximately \$6.00/SF

56.72% [56.72 % derived from [7,022 /12,380].

Utilities will be separately metered and Tenant will be fully responsible for its own utilities.

Landlord estimates the triple net operating expense costs to \$6.00 psf in the first full lease year and no greater than 5% increases annually thereafter for controllable operating expenses. The term controllable operating expenses shall mean all operating expenses except for real estate taxes, insurance and snow removal.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete within 210 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Zoning is appropriate for use. No CCR's.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
- c) 4 Dedicated handicapped stalls located as close as possible to the front door of the premises.
- d) Loading/unloading zone in front of Tenant's proposed entrance on 79th St subject to Aldermanic approval

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord shall deliver to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B with specific reference to the following:

Demolition of the existing roof assembly, existing roof equipment and existing structure.

Landlord to provide non-combustible new structural supports (Steel columns and concrete foundations) for the roof which will raise the roof to a height of 13'-0" clear to the underside of the lowest structural member. Columns to be located in a manner to insure that the treatment floor is column free. Landlord shall infill concrete slab at locations of all removed or new columns. Tenant will provide proposed column locations. Landlord to extend the building envelope up vertically with like materials. Landlord to provide new steel roof structure which will support all newly proposed RTU at locations provided by Tenant. Landlord to provide new roof assembly which shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof insulation to meet current energy codes. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Roof curbs and RTU's to be provided by Tenant. Landlord to install roofing at all new roof curbs. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide new OSHA compliant roof hatch at an approved location within the tenant space. Landlord to separate or bring in utilities to a mutually agreed upon location.

Landlord to install a UL approved 1hr rated demising wall separating the Premises into a separately demised space using mold and moisture resistant gypsum board on both sides of partition and sound attenuation and 6" rigid insulation at floor.

Landlord to complete parking lot paving and landscaping and provide an accessible route to Tenant's space. Catch basins and sewers will need to be cleaned out and restored to good condition. Parking lot to meet current city requirements.

Landlord to install a 5' wide service door (3'-0" and 2'-0" insulated hollow metal doors) on the alley side of the building. Coordinate hardware with Tenant.

Landlord to revise existing storefront on Western Avenue to accommodate Tenant's proposed floor plan. Tenant's main entrance to be located on 79th Street, subject to Aldermanic approval.

Landlord to provide 800 amp electrical service in mutually agreed upon location dedicated to the Premises. Landlord to make modifications to existing gas meter per Tenant's specifications.

Landlord to provide exterior lighting in the parking lot and building perimeter.

Landlord to provide a new fully addressable fire alarm with new panel. Tenant will provide piping and devices to a specific location within the Premises.

Landlord to provide a new water service with a minimum dedicated 2" line and booster pump if needed. Service location to be coordinated with Tenant.

Landlord to provide a new sanitary line per Tenant's specifications location to be coordinated with Tenant.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease with 2% annual escalations on the base rent.

**RIGHT OF FIRST
OPPORTUNITY ON
ADJACENT SPACE:**

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed within 210 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 210 day delivery period.

* If Tenant requires the Landlord work to be delivered no later than 150 days from lease execution or waiver of CON contingency, then the Landlord would propose that the Tenant reimburse the Landlord for the approximate \$35,000 architectural cost associated with the preliminary Landlord delivery plans, only in the event that the Tenant fails to either execute the lease or waive the CON contingency.

HOLDING OVER:

Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.

HVAC:

Landlord to provide necessary bridging, bracing, and reinforcing steel supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings) and roof the curbs in. Tenant to provide the curbs.

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of



the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar (\$1.00) per square foot per lease term year, capped at year 12 of the initial lease term, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon rent commencement. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita, Inc.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE**LETTER OF INTENT:****7939 S Western Ave, Chicago, IL 60620****AGREED TO AND ACCEPTED THIS 27 DAY OF SEPTEMBER 2017****By:** **On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")****AGREED TO AND ACCEPTED THIS 28th DAY OF SEPTEMBER 2017****By:** **FREP 79th & Western, LLC
("Landlord")**

EXHIBIT A**NON-BINDING NOTICE**

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPARATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

EXHIBIT B



[OPTION 2: FOR EXISTING BUILDING]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Landlord shall provide the following Base Building Improvements to meet Tenant's requirements for an Existing Base Building Improvements at Landlord's sole cost:

All MBBI work completed by the Landlord will need to be coordinated and approved by the Tenant and there Consultants prior to any work being completed, including shop drawings and submittals reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer.

Tenant shall have full control over the selection of the General Contractor for the tenant improvement work.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

Intentionally omitted

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean

and ready for interior improvements specific to the buildout of a dialysis facility. Building to be free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

5.0 - Foundation and Floor

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

All repairs will be done by Landlord at his cost and be done prior to Tenant acceptance of space for construction. Any issues with slab during Tenant construction will be brought up to Landlord attention and cost associated with slab issue to repair will be paid by Landlord.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 90% relative humidity as emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsibility of the Landlord and may preclude the requirement for Tenant's third party testing.

6.0 - Structural and Roof

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Coordinate column spacing and locations with Tenant's Architect. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

7.0 - Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Landlord prior to Tenant taking possession.

It will be the Landlord's responsibility for all cost to bring exterior walls up to code before Tenant takes possession.

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

At Tenant's option and as agreed upon by Landlord, any new demising wall interior drywall to Tenant's space shall not be installed until after Tenant's improvements are complete in the wall.

9.0- Roof Covering

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

Any new penetrations made during buildout will be at the Tenant's cost. Landlord shall grant Tenant that right to conceal or remove existing skylights as deemed appropriate by Tenant and their Consultants.

10.0 – Canopy

Intentionally omitted

11.0 – Waterproofing and Weatherproofing

Landlord shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Landlord shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

All exterior doors shall meet all barrier-free requirements including but not limited to American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Landlord at his cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather stripping, damage to doors or frames will be repaired or replaced by Landlord.

Landlord will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Landlord, to have them installed per the following criteria:

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset.

Any doors that are designated to be provided modified or prepared by Landlord; Landlord shall provide to Tenant, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Tenant and Tenant's architect.

15.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant at a common location for access. Landlord is responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Tenant's Architect.

16.0 – Plumbing

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

Sanitary sampling manhole if required by local municipality on new line.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

17.0 - Fire Suppression and Alarm System

Fire Sprinkler Systems and building fire alarm control panel shall be maintained by Landlord. Landlord to provide pertinent information on systems for Tenant Engineers for design. Landlord to provide current vendor for system and monitoring company.

A Sprinkler system will be installed if required by AHJ or if required by Tenant. Any single story standalone building or that could expand to greater than 10,000 will require a sprinkler system. Landlord to provide cost, to be included in lease rate, for the design and installation of a complete turnkey sprinkler system (less drops and heads in Tenant space) that meets all local building, fire prevention and life safety codes for the entire building. This system to be on a dedicated water line independent of Tenant's potable water line requirements. Landlord to include all municipal approved shop drawings, service drops and

sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

Provide new service (preferably underground) with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per NEC and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad and grounding, and underground conduit and wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC.

Tenant's Engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

If combined service meter cannot be provided then Landlord shall provide written verification from Power Utility supplier stating multiple meters are allowed for use by the facility for the duration of the lease term.

If lease space is in a multi-tenant building then Landlord to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Tenant and distribution panel board per above.

Landlord will allow Tenant to have installed, at Tenant cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party

monitoring service in accordance with the local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost. Fire Alarm system equipment shall be equipped for double detection activation if required.

19.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU's. Natural gas line shall be individually metered and sized per demand by Engineer.

20.0 - Mechanical /Heating Ventilation Air Conditioning

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Tenant will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

The criteria is as follows:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Equipment to be Lennox RTU's • Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads. • RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor. • System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll ductwork to be externally lined except for the drops from the units. • Provide 100% enthalpy economizer • Units to include Power Exhaust | <ul style="list-style-type: none"> • Control system must be capable of performing all items outlined in the Sequence of Operations specification section • RTU controller shall be compatible with a Building Management System using BACnet communication protocol. • Provide high efficiency inverter rated non-overloading motors • Provide 18" curbs, 36" in Northern areas with significant snow fall • Units to have disconnect and service outlet at unit • Units will include motorized dampers for OA, RA & EA • System shall be capable of providing 55deg supply air temperature when it is in the cooling mode |
|---|---|

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenants' design criteria and local and state codes.

21.0 – Telephone

Intentionally omitted

22.0 – Cable or Satellite TV

Intentionally omitted

23.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Landlord shall provide pavement marking; curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Tenant delivery door and also link to the accessible path of travel. This is all subject to Aldermanic approval.

24.0 - Generator

Landlord to allow an Automatic Transfer Switch to be installed onsite if required by code or Tenant chooses to provide one.

25.0 – Existing Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Tenant business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Landlord house panel and equipped. If new lighting is provided it will need to be code compliant with a 90 minute battery back up at all access points.

26.0 – Exterior Building Lighting

Landlord to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

27.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

28.0 – Refuse Enclosure

If an area is not designated, Landlord to provide Refuse area for Tenant dumpsters. Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

29.0 - Signage

Landlord to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Tenant and the City.
Final sign layout to be provided and approved by Tenant and City.

EXHIBIT C
POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 7939 S Western Ave, Chicago, IL 60620

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

____ Yes X No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

____ Yes X No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

____ Yes X No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

____ Yes X No

FREP 79th & Western, LLC

By: _____

Print: _____

Its: _____

Date: _____

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Sappington Dialysis, LLC is attached at Attachment – 3.

Name	Address	Ownership Interest
DaVita Inc.	2000 16 th Street Denver, Colorado 80202	85% (Indirect)
Total Renal Care, Inc.	2000 16th Street Denver, Colorado 80202	85% (Direct)
DuPage Medical Group, Ltd.	1100 W 31 st Street Downers Grove, Illinois 60615	15%



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SAPPINGTON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 29, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of OCTOBER A.D. 2017 .

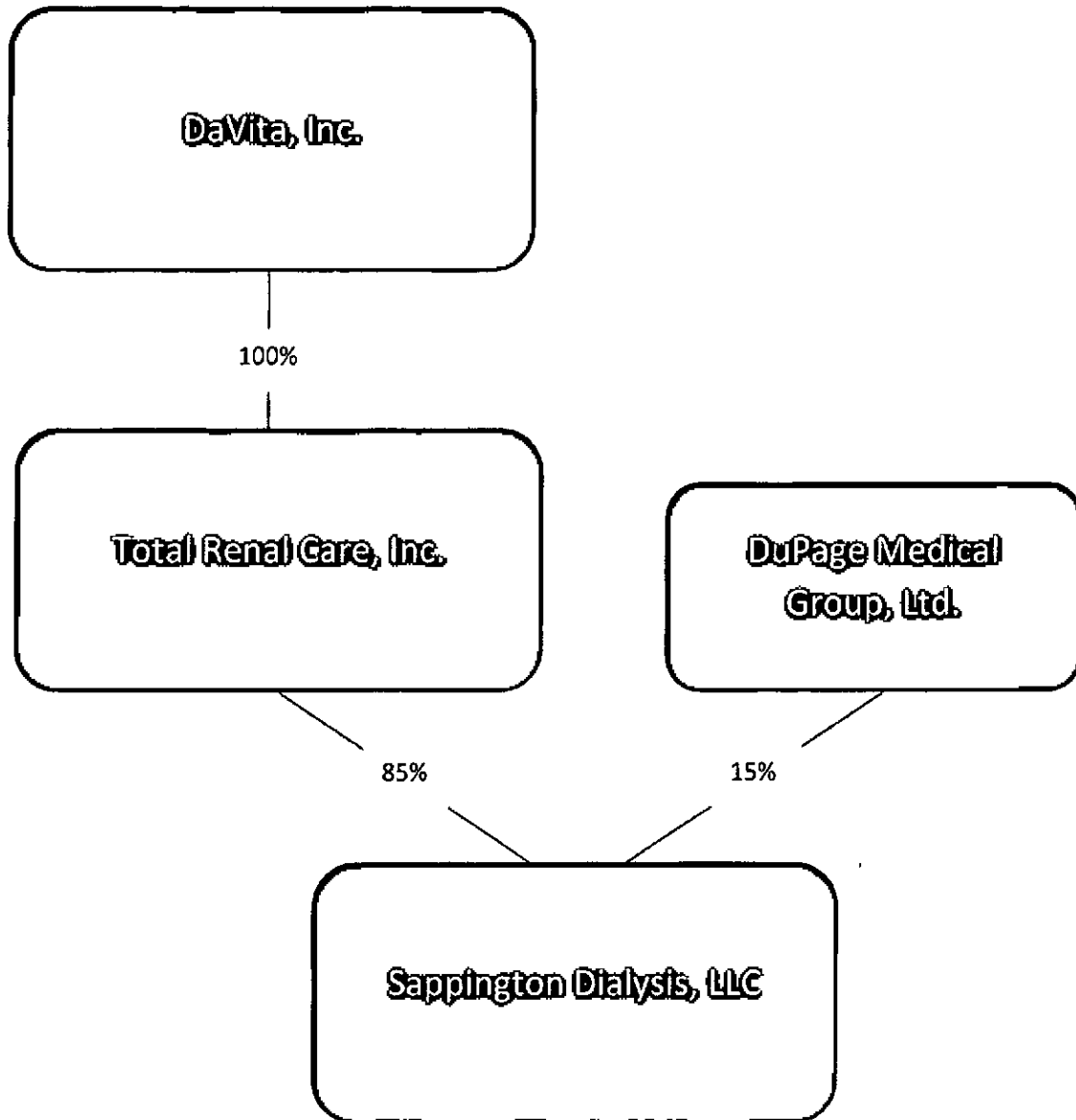
Jesse White

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for DaVita Inc., Sappington Dialysis, LLC and Auburn Park Dialysis is attached at Attachment – 4.

Sappington Dialysis, LLC Organizational Chart



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 7939 South Western Avenue, Chicago, Illinois 60620. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0635J reveals that this area is not included in the flood plain.

Home ▾ FEMA's National Flood Hazard Layer (Official)

Details

Basemap

Share

Print

Measure

7939 S We

Legend

NFHL (click to expand)

LOMRs

☐ Effective

LOMAs



FIRM Panels



Cross-Sections



Flood Hazard Boundaries

Limit Lines

SFHA / Flood Zone Boundary

Other Boundaries

Esri.com . Help . Terms of Use . Privacy . Contact
Esri . Report Abuse . Contact Us



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Attachment - 5

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor

Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County

Chicago

CON - Lease to Establish a 12-Station Dialysis Facility

7939 S. Western Ave.

SHPO Log #015072417

August 16, 2017

Timothy Tincknell

DaVita Healthcare Partners, Inc.

2484 N. Elston Ave.

Chicago, IL 60647

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic
Preservation Officer

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$794,361	\$449,618	\$1,243,979
Contingencies	\$79,435	\$44,961	\$124,396
Architectural/Engineering Fees	\$94,000	\$25,000	\$119,000
Consulting and Other Fees	\$80,000	\$10,000	\$90,000
Moveable and Other Equipment			
Communications	\$117,452		\$117,452
Water Treatment	\$193,440		\$193,440
Bio-Medical Equipment	\$15,482		\$15,482
Clinical Equipment	\$282,002		\$282,002
Clinical Furniture/Fixtures	\$29,329		\$29,329
Lounge Furniture/Fixtures		\$3,855	\$3,855
Storage Furniture/Fixtures		\$5,862	\$5,862
Business Office Fixtures		\$30,905	\$30,905
General Furniture/Fixtures		\$29,200	\$29,200
Signage		\$17,000	\$17,000
Total Moveable and Other Equipment	\$637,705	\$86,822	\$724,527
Fair Market Value of Leased Space	\$1,118,665	\$633,178	\$1,751,843
Total Project Costs	\$2,804,166	\$1,249,579	\$4,053,745

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The Applicants anticipate project completion within approximately **24** months of project approval.

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of project obligation being contingent upon permit issuance.

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	04/30/2018
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	09/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,804,166		4,484		4,484		
Total Clinical	\$2,804,166		4,484		4,484		
NON REVIEWABLE							
Administrative	\$1,249,579		2,538		2,538		
Total Non-Reviewable	\$1,249,579		2,538		2,538		
TOTAL	\$4,053,745		7,022		7,022		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), Project Purpose, Background and Alternatives

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Auburn Park Dialysis, a 12-station in-center hemodialysis facility to be located at 7939 South Western Avenue, Chicago, Illinois 60620.

Sappington Dialysis, LLC (d/b/a AUBURN PARK DIALYSIS)

With ultimate control of Auburn Park Dialysis through Total Renal Care Inc.'s 85% membership interest, DaVita Inc. is an applicant for the proposed facility. In addition, DuPage Medical Group, Ltd ("DMG") holds a minority interest in Sappington Dialysis, LLC. DaVita and DMG are leaders within the medical community and strive to continually improve clinical outcomes and deliver the highest level of care through innovative practices. DaVita and DMG envision that the Auburn Park Dialysis station will address a need for ESRD services within the community.

DaVita consistently differentiates itself from other kidney care companies and surpasses national averages for clinical outcomes. DuPage Medical Group distinguishes itself through quality care, with clinical outcomes and cost savings for DMG's Medicare programs ranking in the top percentile in the nation. DaVita's proprietary patient care tools, educational resources, quality initiatives, and in-center hemodialysis operational expertise, along with DMG's medical staff collaboration, integrated EHR systems, patient-oriented health portal, and robust administrative support tools, will support ESRD patients along their continuum of care.

Today, chronic kidney disease ("CKD") and end stage renal disease ("ESRD") is common and associated with excess mortality. A diagnosis of CKD is ascribed to over 10 million people within the United States, with many more at risk. The rise in diabetes mellitus and hypertension are contributing to the rise in CKD and ESRD, with these risk factors highly prevalent throughout the United States.

An optimal care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates. Deficient knowledge about appropriate timing of patient referrals and poor communication between primary care physicians ("PCPs") and nephrologists have been cited as key contributing factors.

Critically, addressing the failure of communication and coordination among PCPs, nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD. Indeed a 2016 issue brief developed by the National Kidney Foundation and the Medicare Advantage Care Coordination ("MACC") Task Force found that because most patients with kidney disease have multiple complex health conditions, and see multiple providers and specialists, care coordination presents a particular challenge.

The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success. In fact, studies have indicated that alleviating the perceived burden by physicians of implementation and participation to be vital to the success of new mechanisms designed to improve care.

Through the development of the proposed facility, DMG and DaVita will improve the identification and treatment of CKD and ESRD patients. The increased communication and improvement in co-

management between PCPs, nephrologists, and specialists will decrease disease progression, mortality rates, and hospitalization rates.

As detailed below, the applicants have the requisite qualifications, background, character and financial resources to provide dialysis services to the community. As discussed above, the applicants have a unique opportunity to develop an innovative continuum of care designed to improve the lives of area residents requiring dialysis treatment.

DAVITA, INC.

Pursuant to 20 ILCS 3960/2, the applicant DaVita Inc. has the requisite qualifications, background, character and financial resources to adequately provide a proper service for the community.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. As of September 30, 2016, DaVita provided services to approximately 199,000 patients. As detailed below, DaVita is committed to innovation, improving clinical outcomes, compassionate care, educating and empowering patients, and community outreach.

DaVita is focused on providing quality care.

Based upon 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the fourth straight year. DaVita had the highest average total performance score among large dialysis organizations, which are organizations that have at least 200 dialysis centers in the U.S. Further, DaVita ranked first in four clinical measures in the end stage renal disease ("ESRD") QIP program. QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed as the nation's first pay-for-performance quality incentive program.

In October of 2016, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the third year in a row, DaVita outperformed the rest of the industry with the highest percentage of four- and five-star centers and lowest percentage of one- and two-star centers in the country. The Five-Star Quality Rating System was created as a way to help patients decide where they want to receive healthcare by providing more transparency about dialysis center performance. The rating system measures dialysis centers on seven different quality measures and compiles these scores into an overall rating. Stars are awarded for each center's performance.

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCOs are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCOs encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications.

In an effort to allow ESRD provider to assume full clinical and economic accountability, DaVita announced its support for the Dialysis PATIENT Demonstration Act (H.R. 5506/S. 3090). The Dialysis PATIENT Demonstration Act would allow ESRD providers to coordinate care both inside and outside the dialysis facility. The model empowers patients, emphasizes leadership, and facilitates innovation.

On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care

Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from The Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.

Improving Patient Care

Kidney Disease Statistics

30 million or 15% of U.S. adults are estimated to have CKD.¹ Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.²
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.³
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).⁴
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).⁵

¹ Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

² US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

³ *Id.*

⁴ *Id.* at 215.

⁵ *Id.* at 216.

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁶
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.⁷

DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, FluidWise, WipeOut, MedsMatter, StepAhead, and transplant assistance programs.

DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.⁸ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD:

- (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
- (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

⁶ Id at 288.

⁷ Id at 292-294.

⁸ Id at 4.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead, patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita led the industry with more than 90 percent of its dialysis patients immunized for influenza in 2016.

DaVita's FluidWise initiative aims to reduce fluid-related hospitalizations and mortality while enhancing the patient experience. DaVita develops fluid-related clinical care pathways to identify patients who are most at-risk for fluid-related hospitalizations, building care processes—such as achieving target weight, obtaining accurate vitals, standardizing dialysate sodium, and restricting fluid and sodium intake—to reduce fluid overload. To help ESRD patients prevent avoidable complications from diabetes mellitus, DaVita's StepAhead initiative provides an opt-in diabetes management program that includes an annual eye exam, annual glucometer check and monthly foot exams.

DaVita seeks to improve medication compliance rates, eliminate adverse interactions and reactions, and help keep patients healthy and out of the hospital. Through its MedsMatter initiative, DaVita provides medication management support, including targeted medication reviews and education, through a specialty renal pharmacy. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

Awards

DaVita has been repeatedly recognized for its commitment to its employees, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and Military Spouse Magazine, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

Service to the Community

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In

2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek* Green Rankings recognized DaVita as a 2016 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85 percent of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees (or teammates), make up the "DaVita Village," assisting in these initiatives.

DaVita Way of Giving program donated \$2 million in 2016 to locally based charities across the United States. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving. Through Village Service Days, groups of three or more teammates can plan and execute a service project with a local nonprofit. DaVita teammates and their families and friends have volunteered more than 140,000 hours through 3,600 Village Service Days projects since 2006.

DaVita does not limit its community engagement to the U.S. alone. Bridge of Life is the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, which supports approximately 30 international medical missions and over 50 domestic missions and CKD screening events each year. In 2016, more than 300 DaVita volunteers supported these missions, impacting nearly 19,000 men, women and children in 15 countries.

In 2016, DaVita celebrated the 10th anniversary of Tour DaVita, an annual, three-day, 250-mile bicycle ride, to raise awareness about kidney disease. The ride raised \$1.25 million to benefit Bridge of Life. Since 2007, DaVita cyclists and Tour supporters have raised more than \$8.6 million to fight kidney disease. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids.

DUPAGE MEDICAL GROUP

Although not an applicant, DuPage Medical Group is a minority owner and the applicants have included an overview of DuPage Medical Group's background in order to convey the importance of the proposed facility for DuPage Medical Group and their patients.

DuPage Medical Group was formed in 1999 when three healthcare groups serving the suburbs of Chicago since the 1960s joined together. The legal entity, DuPage Medical Group, Ltd., was incorporated as a medical corporation in the State of Illinois in July 1968 and is a for-profit, taxable corporation. DuPage Medical Group is now Illinois' leading multi-specialty independent physician group practice, and remains committed to superior care and innovation.

With more than 600 physicians, approximately 800 providers, and 50 specialties in more than 70 locations, DuPage Medical Group handles upwards of 1.1 million patient visits annually, treating about a third of DuPage County's population. Consistent with its physician growth, DuPage Medical Group has grown as an employer in the community. DuPage Medical Group employed 3908 people in 2016, an increase of nearly 30% from the 2996 people employed in 2015.

DuPage Medical Group is focused on providing quality care.

DuPage Medical Group is focused on providing access to the finest health care available and operating on the principal that physicians make the best decisions for patient care. DMG is led by experienced physicians who continually seek innovations through a model of QEA: Quality, Efficiency and Access.

Managing such a proactive model of medicine allows DMG to provide quality care, construct the most advanced facilities and implement the latest technology. Through secure access of an electronic health record and DMG's patient portal, MyChart, its physicians and patients stay closely connected on the care that forms the bigger picture of each patient's health. DMG promotes strong collaboration among its medical staff and solicits helpful feedback from patients. Strong administrative support creates stability for DMG physicians, empowering them to help drive the group forward.

DMG's commitment to quality and cost efficiency is further demonstrated by numerous value-based care initiatives, including DMG's Accountable Care Organization ("ACO") leadership, operation of the BreakThrough Care Center, and a CMS BPCI initiative.

DMG is a founding member of Illinois Health Partners, the 7th largest accountable care organization in the nation. DMG accounts for nearly 50% of the patients served by Illinois Health Partners, which is comprised of healthcare organizations such as Naperville, Ill.-based Edward Hospital and Arlington Heights, Ill.-based Northwest Community Hospital, along with 22 other organizations. According to 2015 data released by CMS, Illinois Health Partners ("IHP") maintained the lowest cost of care per beneficiary for any ACO in the Chicagoland area at \$8,847. IHP is also in the 76th percentile nationally in overall cost efficiency and in the 88th percentile nationally in clinical quality. This makes IHP one of 38 of 393 (9%) of ACOs in the top quartile for both quality and cost efficiency.

Since 2014, DMG has operated the BreakThrough Care Center, a comprehensive, holistic outpatient clinic serving the most vulnerable Chicagoland seniors struggling with chronic disease. Currently, the BreakThrough Care Center operates and accepts patients throughout DuPage County, with locations in the cities of Lisle, Naperville, and Wheaton. The BreakThrough Care Center is designed to improve medical outcomes while lowering healthcare costs and improving patients' ability to manage their health outcomes.

Improved care quality for BreakThrough Care Center patients is documented by improvements in patients' biometrics for LDL-C levels, Total Cholesterol, A1C, Blood Pressure, and Body Mass Index. The BreakThrough Care Center optimizes the utilization of healthcare services, with all patients seen within 24 hours of hospital discharge, and patients experiencing lower ER admission rates, lower acute admissions, a 30-day chronic readmission rate of 7.2 percent, and high generic pharmacy utilization of 89 percent. Patients give the BreakThrough Care Center scores of over 91 percent on access to care and coordination of care metrics.

DMG has also demonstrated its commitment to promoting the development of orderly, value driven, healthcare facilities via the CMS Bundled Payments for Care Improvement ("BPCI") initiative. DMG reduced costs by over \$1.1 million under the BPCI program for major joint replacement of the lower extremity in Q3 and Q4 of 2015, lowering the cost of care and improving outcomes. DMG's participation and performance in these value-based care programs and organizations serves a critical role in cost containment and maximizing the quality of care in DuPage County and the surrounding communities served by DMG. DuPage Medical Group continues to expand the services and specialties it offers patients.

In September of 2016, DMG opened a new nephrology division when Kidney & Hypertension Associates joined the practice. DMG has always strived to provide its patients with access to timely, quality, and affordable health care. This mission is supported by the addition of the nephrology practice to DMG's wide array of medical specialties. Patients of DMG physicians with an identified need for nephrology services now have more immediate and reliable access through their existing provider's practice. DMG has continued to add additional nephrologists over the past year and now has ten board-certified nephrologists offering services in the South and West Suburbs of Chicago.

With physician scheduling and patient coverage determinations available throughout the DMG practices, DMG is able to eliminate common obstacles to patients obtaining necessary medical care. Managing patient's across specialties drives down costs by coordinating care and increasingly addressing the health of patients on a proactive basis.

In order to increase dialysis access points, DMG is partnering with DaVita in requesting authority to build the proposed facility in Joliet to serve a growing ESRD population. By collaborating with an experienced dialysis provider, DMG is able to bring its patients excellent care while simultaneously bridging the gap between DMG and existing access points. This growth supports DMG's mission to deliver physician oriented healthcare at the highest level to its patients.

DMG promotes the orderly and economic development of health care facilities in Illinois.

DMG's trend of responsible, positive growth is tied to DMG's commitment to its physician and patient population. This focus is closely aligned with the Board's own mission for serving the patients of Illinois. In keeping with the purpose identified by the State: "The CON program promotes the development of a comprehensive health care delivery system that assures the availability of quality facilities, related services, and equipment to the public, while simultaneously addressing the issues of community need, accessibility, and financing. In addition, it encourages health care providers to engage in cost containment, better management and improved planning."⁹

DMG practices the values and goals expressed by the CON program, and believes in the value of DMG's services and facilities to the Illinois healthcare system. As DMG has grown, quantitatively and qualitatively, it has continued to emphasize quality and accessibility for the community and its patients, tempered by responsible planning and growth. DMG has consistently presented accurate and conservative projections of patient population growth and referral patterns before the Board. *DMG's healthcare facilities operate above established state utilization levels, a clear sign of DMG's commitment to avoiding the development of unnecessary services within the community.*

In 2015, DuPage Medical Group received the Henry C. Childs Economic Development and Community Improvement Award from the Wheaton Chamber of Commerce. The Henry C. Childs Economic Development and Community Improvement Award was named after a local businessman responsible for designing safe community infrastructure, and it recognizes the development or redevelopment of a property that positively impacts economic development in the City of Wheaton.

DMG was recognized for the property redevelopment and construction of its 40,000-square-foot Wheaton Medical Office Building, which houses over 30 DMG physicians in Family Medicine, Internal Medicine, Pediatrics and Obstetrics/Gynecology, as well as the BreakThrough Care Center. DMG's Breakthrough Care Program is an intensive outpatient care model that has help significantly reduce hospitalizations of the participating patients. On average, prior to entering into the Breakthrough Care Program patient hospitalization rates are more than five time per year. After joining the Breakthrough Care Program those patients' hospitalization rates dropped to two per year.

DMG promotes philanthropy and service within the communities it serves.

DuPage Medical Group is actively involved in philanthropy and community service as a way of giving back to the community in which it operates. As part of this effort, DMG established the DuPage Medical Group Charitable Fund in partnership with the DuPage Foundation. Providing a coordinated approach for combining the efforts of its physicians, care providers and staff into a single force.

The DuPage Medical Group Charitable Fund, which operates as a donor-advised fund under the umbrella of the DuPage Foundation's status as a 501(c)(3) public charity, seeks to make a significant impact within the communities DMG serves by combining impactful financial support with hands-on volunteerism.

The Fund seeks out community and health partners that serve those in need. In March, 2016 DMG reached \$1 million in grants to the community.¹⁰ In addition to providing some financial support to area organizations, the Charitable Fund provides in-kind donations, such as food, toys, coats and books.

⁹ <https://www.illinois.gov/sites/hfsrb/CONProgram/Pages/default.aspx>

¹⁰ <http://www.dmgcharitablefund.com/news/story/4651>

Volunteer service is also a key component of DMG's giving. Its financial contributions are extended by physicians and staff taking a hands-on role in helping these organizations. The Charitable Fund has also focused on magnifying its impact through volunteer service. Earlier this year DMG was honored with the Governor's Volunteer Service Award for Outstanding Business Volunteer Engagement for its work with People's Resource Center and DuPage Habitat for Humanity.¹¹

Other Section 1110.230(a) Requirements.

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11A. Dialysis facilities are currently not subject to State Licensure in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11B.

An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

¹¹ <http://www.dailyherald.com/article/20161125/business/161129874/>

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 БЕЛОIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	CODK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10S11 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2S80
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORD	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 15T ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARO		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Sappington Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

Subscribed and sworn to me

This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

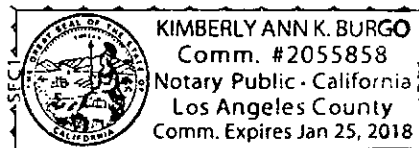
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

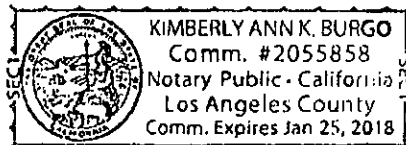
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



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(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the south side of Chicago, Illinois and the surrounding area. There are 42 dialysis facilities within 30 minutes of the proposed Auburn Park Dialysis (the "Auburn Park GSA"). Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act¹² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹³ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

J. R. Nephrology & Associates, S.C. ("J. R. Nephrology") is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients.

Based on June 2017 data from the Renal Network, 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Auburn Park Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12A. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

¹² According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

¹³ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

- North approximately 30 minutes normal travel time to Cicero, IL.
- Northeast approximately 30 minutes normal travel time to Archer Ave & I-55, Chicago, IL.
- East approximately 30 minutes normal travel time to I-90, Chicago, IL.
- Southeast approximately 30 minutes normal travel time to 103rd St & Stony Island Ave, Chicago, IL.
- South approximately 30 minutes normal travel time to Harvey, IL.
- Southwest approximately 30 minutes normal travel time to Palos Park, IL.
- West approximately 30 minutes normal travel time to Willow Springs, IL.
- Northwest approximately 30 minutes normal travel time to Midway Airport, Chicago, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the south side of Chicago, Illinois and the surrounding area.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located on the south side of Chicago, Illinois. J. R. Nephrology expects at least 62 of the current 129 selected CKD patients, all of whom reside within 6 miles of the proposed site, will require dialysis within 12 to 24 months of project completion.

4. Source Information

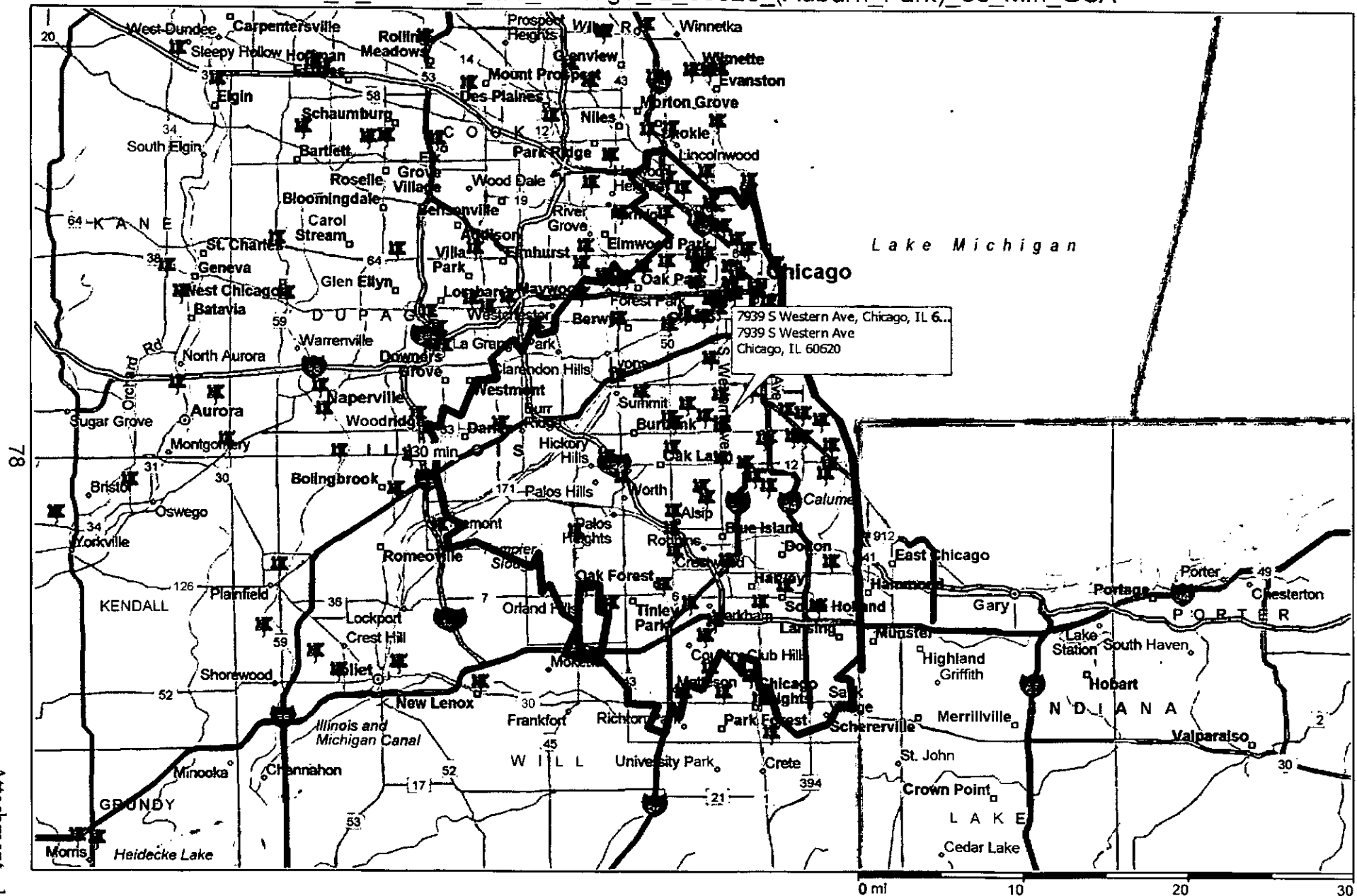
CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) available at https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016) available at <https://www.usrds.org/2016/view/Default.aspx> (last visited Jul. 20, 2017).

THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

5. The proposed facility will improve access to dialysis services to the residents of the south side of Chicago, Illinois and the surrounding area. Given the high concentration of ESRD and CKD in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. **Project Goals:** The above response details the overall goal of the project to addressing the identified issues to improve the health and well-being of the community. The significant objective and specific timeframe for completing the project is to complete the construction of the facility be operational within approximately 24 months of project approval.

7939 S Western Ave Chicago IL 60620 (Auburn Park) 30 Min GSA



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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered three options prior to determining to establish a 12-station dialysis facility. The options considered are as follows:

1. Reducing the Scope and Size
2. **Chosen Alternative:** Pursue and Joint Venture.
3. Utilize Existing Facilities

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 12-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Reducing the Scope and Size of the Proposed Project

The Applicants considered, and ultimately rejected establishing a facility of lesser or greater scope, 8-stations. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. The proposed Auburn Park Dialysis is located within the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). In order to establish a facility within the HSA proposed, the facility must not have less than eight stations, pursuant to 77 IL Adm. Code §1110.1430(h).

As previously noted, new facilities in the Auburn Park GSA recently came online or are projected to come online within the next year. Each of these facilities will serve a separate patient base and are projected to reach 80% occupancy within 2 years of project completion, and the Applicants do not want to create unnecessary duplication within the Auburn Park GSA. Although the reduced number of stations would have reduced the size and cost of the proposed project, the applicants came to the decision that a 12-station facility would ultimately better serve the patient population, as it would allow for the expected growth of patients to benefit from the facility.

The alternative plan of only establishing an 8-station facility was therefore rejected by the applicants.

Pursuant a Joint Venture for the Establishment of a New Facility

DaVita Inc. and DuPage Medical Group, Ltd., have entered into a joint venture agreement to combine resources and areas of expertise in order to offer the highest level of patient care.

As noted above, there are 42 dialysis facilities within 30 minutes of the Auburn Park GSA. Collectively, these facilities were operating at 62.63% as of June 30, 2017. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015.

This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more

working families obtain health insurance through the Affordable Care Act¹⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁵ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Additionally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the Auburn Park GSA will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients. Based on June 2017 data from the Renal Network, 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. While additional stations either recently came online or are projected to come online in the next year, these stations are dedicated to different patient bases, and the facilities are anticipated to reach 80% utilization within two years of project completion. The proposed Auburn Park Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **\$4,053,745**.

Utilize Existing Facilities

There are 42 dialysis facilities within 30 minutes of the proposed Auburn Park Dialysis (the "Auburn Park GSA"). Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act¹⁶ and 1.5 million Medicaid beneficiaries

¹⁴ According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

¹⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

¹⁶ According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

transition from traditional fee for service Medicaid to Medicaid managed care,¹⁷ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

J. R. Nephrology & Associates, S.C. is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. These facilities will not have adequate capacity to treat J. R. Nephrology's projected patients. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Empirical Evidence

There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into a 7 percent reduction in hospitalizations among DaVita patients, which resulted in more than \$1.5 billion in savings to the health care system and the taxpayer from 2010 – 2012.

Although not quantifiable by empirical data, the applicants also anticipate the improvement of patient care and experiences through the development of the joint venture facility. Identified issues anticipated to be addressed include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.

¹⁷ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Auburn Park Dialysis is 4,484 of clinical gross square feet (or 373.67 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	4,484	4,320 – 6,240	N/A	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. The practice of J. R. Nephrology & Associates, S.C. is currently treating 129 selected CKD patients who all reside within 6 miles of the proposed Auburn Park Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Auburn Park GSA, it is estimated that 62 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,672	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The purpose of the project is to improve access to life sustaining dialysis services to the residents of the south side of Chicago, Illinois and the surrounding area. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act¹⁸ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁹ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

J. R. Nephrology & Associates, S.C. is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Auburn Park Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the south side of Chicago, Illinois. As evidenced in the physician referral letter attached at Appendix - 1, 129 pre-ESRD patients reside within either the ZIP code of the proposed

¹⁸ According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

¹⁹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Auburn Park Dialysis (60620) or 5 other nearby ZIP codes. All 129 pre-ESRD patients reside within 6 miles of the proposed facility.

4. Service Demand

Attached at Appendix - 1 is a physician referral letter from J. R. Nephrology & Associates, S.C. and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60620	37
60619	11
60636	12
60621	3
60643	33
60629	33
Total	129

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the south side of Chicago, Illinois and the surrounding area. There are 42 dialysis facilities within the Auburn Park GSA. In addition, the facility is located in an area designated as a medically underserved population – Governor's exemption. Therefore it is paramount that this vulnerable patient population be afforded access to additional high quality care health care services, as proposed in this application

Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act²⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²¹ more individuals in high risk groups now have

²⁰ According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

²¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

J. R. Nephrology & Associates, S.C. is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients.

Finally, June 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 4,113 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Auburn Park Dialysis is needed to ensure ESRD patients on the south side of Chicago have adequate access to dialysis services that are essential to their well-being.

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution****1. Unnecessary Duplication of Services**

- a. The proposed dialysis facility will be located at 7939 South Western Avenue, Chicago, Illinois 60620. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60463	PALOS HEIGHTS	14,671
60459	BURBANK	28,929
60453	OAK LAWN	56,855
60456	HOMETOWN	4,349
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60827	RIVERDALE	27,946
60655	CHICAGO	28,550
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60643	CHICAGO	49,952
60620	CHICAGO	72,216
60629	CHICAGO	113,916
60632	CHICAGO	91,326
60636	CHICAGO	40,916
60621	CHICAGO	35,912
60609	CHICAGO	64,906
60628	CHICAGO	72,202
60619	CHICAGO	63,825
60617	CHICAGO	84,155
60637	CHICAGO	49,503
60653	CHICAGO	29,908
60615	CHICAGO	40,603
60649	CHICAGO	46,650
60608	CHICAGO	82,739
60612	CHICAGO	33,472
60607	CHICAGO	23,897
60616	CHICAGO	48,433
60642	CHICAGO	18,480

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60661	CHICAGO	7,792
60654	CHICAGO	14,875
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60610	CHICAGO	37,726
60605	CHICAGO	24,668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11,110
60611	CHICAGO	28,718
Total		1,445,976

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited July 25, 2017).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing dialysis facilities that have been operational for at least 2 years within the GSA is 75.22% as of June 30, 2017, or just below the State Board's utilization standard of 80%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is less than one and one-half times the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,445,976	843	1:1,715
State	12,830,632	4,585	1:2,798

b. Historic Utilization of Existing Facilities

There are 42 dialysis facilities within the Auburn Park GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act²² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²³ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. Further, as stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Auburn Park Dialysis will not adversely affect the recently approved facilities.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. J. R. Nephrology & Associates, S.C. is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Auburn Park GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or

²² According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

²³ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act²⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁵ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Auburn Park Dialysis will not adversely impact existing facilities in the Auburn Park GSA.

- b. The proposed dialysis facility will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards. As noted above, there are 42 dialysis facilities within the Auburn Park GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 75.22%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Auburn Park GSA has increased by 95 since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act²⁶ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁷ more individuals in high risk groups now have better access to primary care and kidney screening.

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²⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

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²⁷ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Auburn Park Dialysis will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Mohammad Rasmi Mataria, M.D., M.S.C.R. will serve as the Medical Director for the proposed facility. A copy of Dr. Mataria's curriculum vitae is attached at Attachment – 24C.

- b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (1.01 FTE)
Registered Nurse (4.24 FTE)
Patient Care Technician (3.95 FTE)
Biomedical Technician (0.29 FTE)
Social Worker (0.53 FTE)
Registered Dietitian (0.54 FTE)
Administrative Assistant (0.78 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 24D.
 - d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Sappington Dialysis LLC, attached at Attachment – 24E, Auburn Park Dialysis will maintain an open medical staff.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Sappington Dialysis LLC attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

DaVita Inc. has an agreement with Advocate Christ Medical Center to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

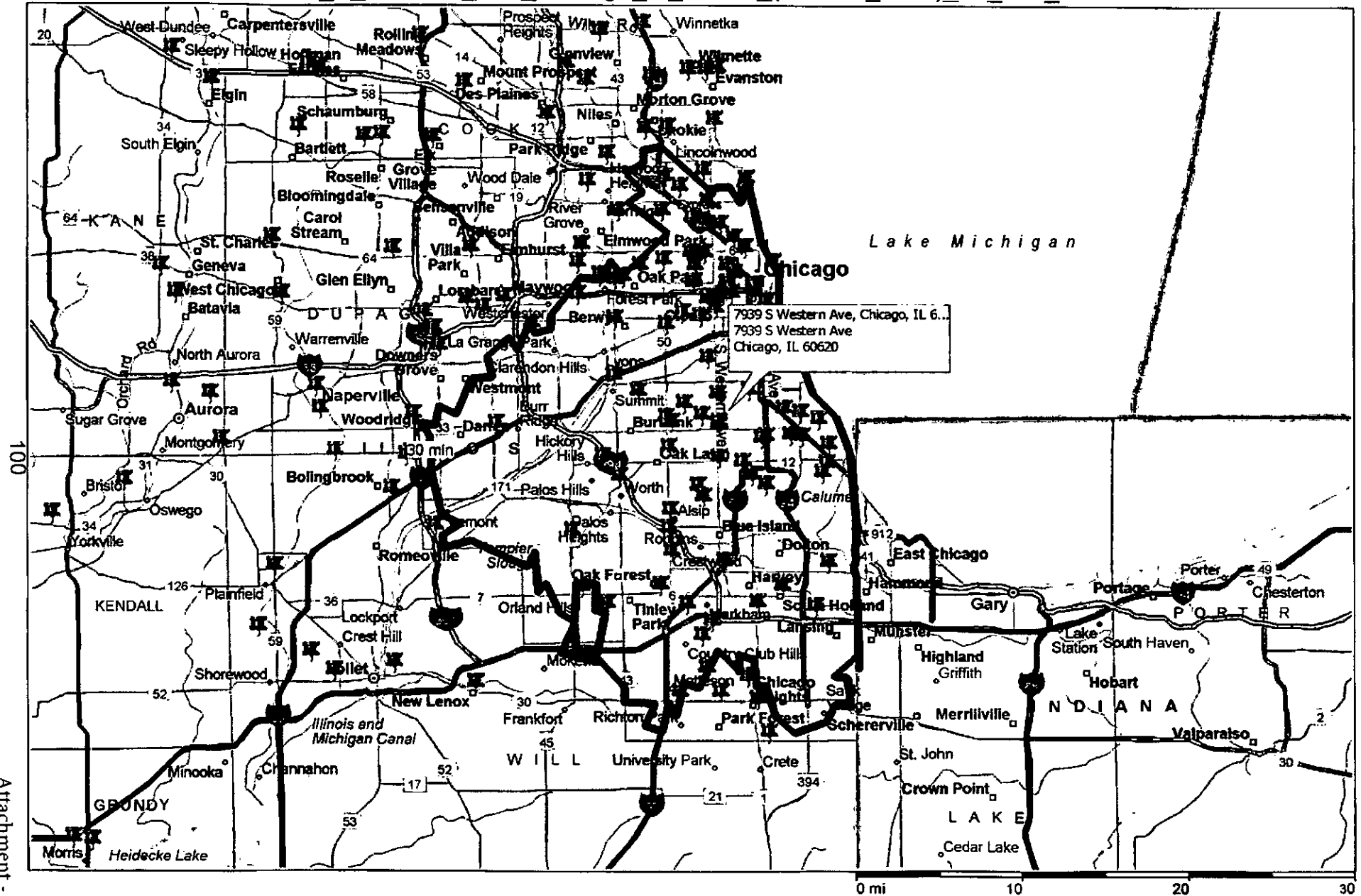
Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Assurances

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

7939 S Western Ave Chicago IL 60620 (Auburn Park) 30_Min_GSA



Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	06-30-2017 Stations	06-30-2017 Patients	06-30-2017 Utilization
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	9.2	23	28.75	24	101	70.14%
USRC Hickory Hills	9528 South Roberts Road, Suite B-2	Hickory Hills	8.6	24	30	13	0	0.00%
Chicago Ridge Dialysis	10511 South Harlem Avenue	Chicago Ridge	8.7	22	27.5	16	42	43.75%
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	8.1	15	18.75	20	88	73.33%
Dialysis Care Center of Oak Lawn	9115 South Cicero Avenue, Suite 300	Oak Lawn	4.5	11	13.75	11	0	0.00%
Stony Creek Dialysis	9115 S. Cicero	Oak Lawn	4.4	11	13.75	14	76	90.48%
Fresenius Medical Care - Midway	6201 W. 63rd Street	Chicago	7	20	25	12	66	91.67%
FMC Dialysis Services - Burbank	4811 W. 77th Street	Burbank	3.7	12	15	26	124	79.49%
RCG-Scottsdale	4651 W. 79th Street	Chicago	3	9	11.25	36	140	64.81%
West Lawn Dialysis	7000 S. Pulaski Road	Chicago	3.3	9	11.25	12	65	90.28%
FMC - Blue Island Dialysis Ctr	12200 South Western Avenue	Blue Island	8.1	23	28.75	28	123	73.21%
FMC - Merriquette Park	11630 S. Kedzie Avenue	Merriquette Park	5.6	15	18.75	24	143	99.31%
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	5.2	15	18.75	16	105	109.38%
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	2.4	6	7.5	30	0	0.00%
Beverly Dialysis	8111 South Western Avenue	Chicago	0.2	1	1.25	16	96	100.00%
Washington Heights Dialysis	10620 South Halsted Street	Chicago	5.5	14	17.5	16	0	0.00%
FMC Beverly Ridge	9914 South Vincennes Avenue	Chicago	4.1	14	17.5	16	0	0.00%
Fresenius Medical Care Chatham	8710 S. Holland Road	Chicago	3.5	11	13.75	16	91	94.79%
FMC - Southside	3134 West 76th Street	Chicago	1.6	6	7.5	39	203	86.75%
FMC - Neomedica - Marquette Park	6535 South Western Avenue	Chicago	2	6	7.5	16	88	91.67%
Brighton Park Dialysis	4729 South California Avenue	Chicago	4.8	14	17.5	16	0	0.00%
FMC - Ross Dialysis - Englewood	6333 South Green Street	Chicago	4	11	13.75	24	80	55.56%
FMC New City	4622 South Bishop Street	Chicago	5.5	20	25	16	3	3.13%
FMC - Garfield	5401 South Wentworth Avenue #18	Chicago	7.1	15	18.75	22	90	68.18%
Emerald Dialysis	710 West 43rd Street	Chicago	8.4	16	20	24	101	70.14%
Fresenius Medical Care Bridgeport	825 West 35th Street	Chicago	7.8	18	22.5	27	119	73.46%
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	6.8	20	25	12	72	100.00%
USRC West Chicago	112 West 87th Street, Suite N	Chicago	4.1	13	16.25	13	0	0.00%
Greenwood Dialysis Center	1111 East 87th Street, Suite 700	Chicago	5.4	22	27.5	28	119	70.83%
Stony Island Dialysis	8721 S. Stony Island Avenue	Chicago	6.2	15	18.75	32	154	80.21%
Grand Crossing Dialysis	7319 S. Cottage Grove Ave.	Chicago	4.8	12	15	12	59	81.94%
Jackson Park Dialysis	7531 South Stony Island Avenue	Chicago	5.7	14	17.5	24	107	74.31%
Woodlawn Dialysis	5060 S State Street	Chicago	7.1	23	28.75	32	137	71.35%
Fresenius Medical Care South Shore	2420 East 79th Street	Chicago	6.3	17	21.25	16	48	50.00%
SAH Dialysis at 26th Street	3059 West 26th Street	Chicago	7.6	22	27.5	15	50	55.56%
Little Village Dialysis	2335 W. Cermak Road	Chicago	7.3	23	28.75	16	96	100.00%
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	13.7	22	27.5	9	27	50.00%
FMC - Chicago Dialysis Center	1806 West Hubbard Street	Chicago	10.3	24	30	21	60	47.62%
Fresenius Medical Care - Polk Street	557 West Polk Street	Chicago	12.2	20	25	24	61	42.36%
Circle Medical Management	1426 West Washington Blvd.	Chicago	13.7	22	27.5	27	107	66.05%
FMC - Prairie	1717 South Wabash Avenue	Chicago	11	19	23.75	24	109	75.69%
TOTAL						843	3168	62.63%
LESS: Facilities Operational < 2 Years & Children's facility						688	3105	75.22%

Curriculum Vitae

Mohammad Rasmi Mataria, MD, MSCR
3913 West 95th Street, Evergreen Park, IL 60805
Cell Phone: 708-543-0786
Home Phone: 843-216-5602
Email: mmataria@gmail.com

Personal Information:

Date of Birth: June 4th 1978
Place of Birth: West Bank, Israel
Citizenship Status: U.S. Citizenship
Sex: Male
Marital Status: Married, three kids

Medical Education:

09/27/1996 - 07/01/2002 University of Mosul, Iraq

Graduate Medical Education:

07/01/2013 - 06/30/2015 University of Mississippi Medical Center
Jackson, Mississippi
Position (Clinical Nephrology Fellow)

07/01/2007 - 10/29/2009 Medical University of South Carolina
Charleston, South Carolina
Position (Research Nephrology Fellow)

08/19/2007 - 05/15/2009 Medical University of South Carolina
Charleston, South Carolina
Position (Graduate Student)
Masters of Science in Clinical Research

06/24/2004 - 06/30/2007 Advocate Christ Medical Center/ UIC
Oak Lawn, Illinois
Position (Internship and Residency IM)

Examinations

USMLE Step 3	07/2006
USMLE Step 2 CS (Clinical Skills)	11/2003
USMLE Step 2 CK (Clinical Knowledge)	11/2003
USMLE Step 1	04/2003
ECFMG - TOEFL	05/2003

ECFMG Certified 01/2004
American Board of Internal Medicine 08/2007
American Board of Nephrology 11/2015

Certification/Licensure

ACLS, Exp. Date 09 / 2016
Illinois, Full, Number: 36117287, Exp. Date: 07/2017
South Carolina, Full, Number: 29665, Exp. Date: 06/2015
Pennsylvania, Full, Number: MD442829, Exp. Date: 12/2016
Mississippi, Limited, Number: 876-L, Exp. Date: 7/2016

Membership in Professional Society:

American Medical Association
American Society of Nephrology
National Kidney foundation
The Jordanian Medical Association

Work Experience

07/01/2015 – current Kidney and Hypertension Associates, Chicago, Illinois, Position (Nephrology Attending)

09/01/2014-06/30/2015 River Region Hospital, Vicksburg, MS
Position: Locum Hospitalist, I did three to four night shifts per month as hospitalist and house officer at this hospital.

06/01/2012-06/30/2013 West Lake Hospital, Melrose Park, IL
Position: Hospitalist and House officer. I worked as a full time hospitalist and house officer covering day and night shifts.

07/01/2011-06/30/2013 Life Care Hospitals of Pittsburgh, Pittsburgh, PA
Position: House officer. I worked as a house officer in this long-term acute care facility. I was responsible to accept new admissions and run any code blue that occurred during my shift.

05/01/2010-10/30/2012 La Weiss Memorial Hospital, Chicago, IL
Position: Site director for the hospitalist group. I worked as full time hospitalist covering night shifts, during which I have teaching responsibilities toward the intern who was on call during that month. I arrange the hospitalist group schedule as well as official meetings of the group.

11/2005 American Society of Nephrology- Renal Week 2005, Pennsylvania Resident Program
I was selected by my program director to attend the "Renal Week 2005" in Philadelphia. During this week, I enjoyed the company of

nephrologists who introduced me to the latest studies and discoveries of kidney disorders. I attended many interesting lectures that helped me in understanding renal diseases including Systemic Lupus Erythematosus, diabetic nephropathy, and acid base disorders.

05/01/2004 - 06/23/2004 Unemployed- came back to U.S. to start residency

11/03/2003 - 12/19/2003 Unemployed- did USMLE Step 2 and Clinical Skills Assessment Exam, Atlanta, U.S.

09/09/2003 - 10/30/2003 Unemployed- studied and passed the Jordan Medical Association exam and became a permanent member

07/23/2003 - 09/08/2003 *The Islamic Hospital, Jordan*
Externship, Osama M. Abu-Ata, MD

After finishing my internship year, I was fortunate to rotate at this hospital for two months. The presence of internal medicine residents as well as medical students enabled me to enrich my clinical experience and to have continuous relationship with patients.

07/22/2002 - 07/22/2003 *Al-Hussein Al-Salt Hospital, Jordan*
Internship, Mohammad Al-Kharabsha, MD

After graduating from my medical school in Iraq, I went to Jordan where I started my internship year, which is required for all medical graduates in order to obtain their medical license. The internship year consists of three months of clinical rotation in each of internal medicine and surgical floors, two months clinical rotation in each of pediatrics and obstetrics and gynecology floors, one-month clinical rotation in the emergency room and one month of public health rotation. After finishing this year, I passed the Jordan Medical Association Examination and I was licensed to practice medicine in Jordan

Volunteer Experience

06/2005 - 06/2007 *Advocate Christ Medical Center, Illinois*

Resident Representative committee Vice Chairman, Rachel Johns, MD

My colleagues elected me as a member of Resident Representative Committee. Within the committee I was elected as vice chairman. The Committee meets with the program director on regular basis. We arrange for different activities such as the interns' retreat party and the graduation party.

05/2005 - 06/2007 *Advocate Christ Medical Center, Illinois*

Performance Improvement Committee member, Antanas Rasma, MD

The performance improvement committee meets on monthly bases. A variety of internal medicine sub-specialists attend the meetings

where we discussed the latest study results and how they can be applied in our practice. Evaluation of our intensive care performance is reviewed during this meeting.

12/20/2003 - 03/30/2004 Rehabilitation Institute of Chicago, Illinois
Volunteer, Aimee S. Look, M.A.

The Rehabilitation Institute of Chicago has been recognized as the "Best Rehabilitation Hospital in America" since 1991. I was able to volunteer at this institute soon after I arrived to the US. I attended different physical and occupational therapy sessions. I sat next to patients and assisted them, if they needed, while having their meals. Reading stories and newspapers was another way to alleviate loneliness and to keep them in touch with the outside world. My appreciation for being a doctor was greatly affected, as doctors we are responsible for drug prescription, but more importantly to have a human-to-human relationship with our patients so we can lighten their pain and make them feel safe.

07/01/2000 - 09/01/2000 Ramallah General Hospital, Israel
Volunteer, Ahmed Rasheed, M.D.

During the summer vacation following my fourth year medical school, I spent a few hours of each weekday at Ramallah General Hospital. I attended all morning reports, daily rounds and noon conferences. The rest of the day, I would be in the emergency room. Working in the emergency room allowed me to participate in taking histories and performing physical examinations. I learned how prompt, precise and knowledgeable a physician should be while working in the emergency room. I helped patients getting better oriented to the hospital and its facilities. I spent great proportion of my time talking to the patients about their disease and answering questions regarding future precautions they should take.

Research Experience

07/01/2007 - 06/30/2009 Medical University of South Carolina, South Carolina

Research Fellow, John Arthur, MD, PhD

I was enrolled in research nephrology fellowship at the Medical University of South Carolina. I have worked on different studies involving diabetic nephropathy biomarkers and partially involved in acute kidney injury biomarkers. I have presented in six clinical meeting during these two years, I have earned a masters degree in clinical research. I have one manuscript published with my mentor Dr John Arthur.

10/2005 Chicago Medical School, Illinois
Research Assistant, Bruce Riser, AB, MS, PhD

I choose to spend one of my second year elective rotations performing bench research. I contributed to a research project at Chicago Medical School investigating the mechanism of development of diabetic nephropathy. I performed different lab procedures including ELISA, max-prep, mini-prep, and tissue cultures. I presented our work results at weekly meeting of the group.

10/2004 - 09/2005 Advocate Christ Medical Center, Illinois

Co-Investigator, Dr Meenakshi Jolly, MD, MS

Impact of interactive joint models injection on physician's musculoskeletal procedural skills

An interactive joint model injection workshop for family practice and internal medicine residents and faculty at our hospital was designed and offered in small groups. Participants were given a briefing on indications, contraindications, complications and supplies required in an office practice to perform these procedures. Handouts including pictures of anatomical landmarks were distributed. Interactive models (Sawbones) of a shoulder, wrist, hand, knee, ankle and foot were used. Data was collected. Conclusion: Significant improvement in the confidence levels of physicians in both theoretical and practical scores. It is suggested to offer such an intervention during medical school, residency and physicians' CME courses to improve and maintain confidence in performing these procedures. The study is published in The Journal of Rheumatology.

Publications

A) Journal Publications:

- 1- Influence of an interactive joint model injection workshop on physicians' musculoskeletal procedural skills; Jolly, M., Hill, A., Mataria, M., Agarwal, S.; J Rheumatology, July 2007
- 2- Urine haptoglobin levels predict early renal functional decline in patients with type 2 diabetes; Bhensdadia, N., Hunt, K., Lopes-Virella, M., Tucker, J.M., Mataria, M., Alge, J., Neely, B., Janech, M., Arthur, J.; Kidney International, March 2013

B) Poster Presentation

- 1- November 2005: Ayala, J., Mataria, M., Takale, T., Zellinger, A.; Aortic Insufficiency Disguised as ARDS. Poster presented at: American College of Physicians Regional Meeting; Chicago, IL.
- 2- November 2005: Jabbour, N., Mataria, M., Kittaneh, M., Hamad, A.; Urachus Adenocarcinoma Presenting with cystitis-like symptoms. Poster

presented at: American College of Physicians Regional Meeting, Chicago, IL.

3- November 2005: Mataria, M., Jabbour, N., Kittaneh, M., Hamad, A; Ewing Sarcoma of the Kidney. Poster presented at: American College of Physicians Regional Meeting; Chicago, IL.

4- April 2008: Mataria, M., Janech, M., Almeida, J., Lewis, E., Bland, A., Arthur, J; Prediction of Progression of Diabetic Nephropathy in a small set of patients by artificial neural networks and proteomic analysis. Poster presented at: National Kidney Foundation, Spring Meeting. Dallas, TX.

5- August 2008: Lewis E, Mataria M, Budisavljevic M, Taylor T, Janech M and Arthur J; NGAL, NAG and Cystatin C predict the need for renal replacement therapy in patients after Acute Kidney injury. Poster presented at: National Kidney Foundation, Georgia Chapter. Hilton Head, SC.

6- August 2008: Mataria, M., Janech, M., Almeida, J., Lewis, E., Bland, A., Arthur, J; Analysis of Progression of Diabetic Nephropathy by artificial neural networks and proteomic analysis. Poster presented at: National Kidney Foundation, Georgia Chapter. Hilton Head, SC.

7- November 2008: Lewis, E., Mataria, M., Budisavljevic, M., Taylor, T., Janech, M., Arthur, J; Accuracy of NGAL, NAG, Urinary Cystatin C and Urine cytokines to predict the future requirement of renal replacement therapy in patients with acute kidney injury. Poster presented at: American Society of Nephrology Renal Week, Philadelphia, PA.

8- November 2008: Mataria, M., Bland, A., Janech, M., Arthur, J; Variability of Individual Urine Proteins Associated with Blood Pressure and Medication Differences in Diabetic Nephropathy. Poster presented at: American Society of Nephrology Renal Week. Philadelphia, PA.

9- February 2009: Lewis, E., Mataria, M., Budisavljevic, M., Taylor, T., Janech, M. and Arthur, J.; Urine Cytokines predict the future requirement of renal replacement therapy in patients with Acute Kidney Injury. Poster presented at: American Federation for Medical Research Southern Meeting, New Orleans, LA.

10- February 2009: Mataria, M., Lewis, E., Budisavljevic, M., Taylor, T., Janech M., Arthur, J; Variability of individual urine protein associated with blood pressure and medication differences in diabetic Nephropathy. Poster presented at: American Federation for Medical

Research Southern Meeting; New Orleans, LA.

11- October 2009: Mataria, M., Dempsey, A., Bland, A., Janech, M., Budisavljevec, M., Arthur, J; Urinary Exosomal Albumin Is a Biomarker of Diabetic Nephropathy. Poster presented at: American Society of Nephrology. San Diego, CA.

12- April 2014: Mataria, M., Mahmood, T., Humayun, Y., Fulop, T.; Initiation of Dialysis via Slow Low Efficient Dialysis is Safe and Could Reduce Length of Hospitalization. National Kidney Foundation, Las Vegas, NV.

13- April 2014: Mahmood, T., Humayun, y., Mataria, M., Lewin, J., Dreisbach, A, Fulop, T.; Disseminated Cryptococcus Associated with Acute Kidney Injury in a HIV Patient with Unusual finding of Kidney Involvement. Poster Presented at: National Kidney Foundation, Las Vegas, NV.

14- April 2014: Humayun, Y., Mahmood, T., Mataria, M., Lewin, J, Fulop, T.; Acute Oxalate Nephropathy Associated with Orlistat. Poster presented at: National Kidney Foundation, Las Vegas, NV.

C) Oral Presentation

1- March 2005: Mataria, M. I am feeling Week. Oral Presentation presented at: Clinical Vignette, UIC-Advocate Christ Medical Center. Oak Lawn, IL.

2- March 2006: Mataria, M. I have Bruises. Oral presentation. Presented at: Clinical Vignette, UIC-Advocate Christ Medical Center. Oak Lawn. IL.

3- March 2007: Mataria, M., Thomas, A. My Calcium is High! Oral Presentation presented at: Clinical Vignette, UIC-Advocate Christ Medical Center. Oak Lawn, IL.

4- February 2009: Mataria, M., Arthur J; What are the effects of blood pressure and medication differences on individual urinary proteins in diabetic Nephropathy? Oral Presentation presented at: Amgen Young Investigator Forum. New Orleans, LA.

Hobbies & Interests

Swimming, bicycling and playing soccer

Language Fluency (Other than English)
Arabic

**TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM
OVERVIEW**

Mission

DaVita's Basic Training Program for In-center Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content

Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
 - Basic Training Class ICHD Outline (TR1-01-02A)
 - Basic Training Nursing Fundamentals ICHD Class Outline (TR1-01-02B)
 - DVU2069 Enrollment Request (TR1-01-02C)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
 - New teammate without prior experience (TR1-01-05)
 - New teammate with prior experience (TR1-01-06)
 - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
 - Basic Training Classroom Evaluation (Online)
 - Basic Training Nursing Fundamentals ICHD Classroom Evaluation (Online)
- VII. Additional Educational Forms
 - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
 - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
 - Training hours tracking form (TR1-01-11)
- VIII. Initial and Annual Training Requirements for Water and Dialysate Concentrate (TR1-01-12)

**TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS
PROGRAM DESCRIPTION**

Introduction to Program

The Basic Training Program for In-center Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for In-center Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A non-experienced teammate is defined as:

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous incenter hemodialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.
- A DaVita patient care teammate with experience in a different treatment modality who transfers to in-center hemodialysis. Examples of different treatment modalities include acute dialysis, home hemodialysis, peritoneal dialysis, and pediatric dialysis.

An experienced teammate is defined as:

- A newly hired or rehired teammate who is either certified in hemodialysis under a State certification program or a national commercially available certification program, or can show proof of completing an in-center hemodialysis training program,
- And has provided at least 3 months of hands on in-center hemodialysis care to patients within the past 12 months.

Note:

Experienced teammates who are rehired outside of a 90 day window must complete the required training as outlined in this policy.

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DaVita, Inc.

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The curriculum of the Basic Training Program for In-center Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

"Day in the Life" is DaVita's learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing teammates' knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "Basic Training Workbook."

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed in-center hemodialysis workbooks for the teammate, demonstrations, and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

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The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Conflict Resolution
- Data Collection and Assessment
- Documentation & Flow Sheet Review
- Fluid Management
- Importance of P&P
- Infection Control
- Laboratory
- Manifestations of Chronic Renal Failure
- Motivational Interviewing
- Normal Kidney Function vs. Hemodialysis
- Patient Self-management
- Pharmacology
- Renal Nutrition
- Role of the Renal Social Worker
- Survey Savvy for Teammates
- The DaVita Quality Index
- The Hemodialysis Delivery System
- Vascular Access
- Water Treatment

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

Theory class concludes with the *DaVita Basic Training Final Exam*. A comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase.

The *DaVita Basic Training Final Exam* can be administered as a paper-based exam by the instructor in a classroom setting, or be completed online (DVU2069-EXAM) either in the classroom or in the facility. If the exam is completed in the facility, the new teammate's preceptor will proctor the online exam.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in the classroom setting, or be completed online.

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Only the new teammate's manager will be able to enroll the new teammate in the online exam. The CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in DVU2069-EXAM. To protect the integrity of the online exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored

Note:

- FA teammate enrollment in DVU2069-EXAM is limited to one time.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. The enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the facility.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the in-center hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training Workbook for In-center Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic

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TR1-01-02

Training Workbook for In-center Hemodialysis and progress at his/her own pace under the guidance of the facility's preceptor. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

As with new teammates without previous experience, the **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate the skills required to perform the in-center hemodialysis procedures in a safe and effective manner and a *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training.

Ideally teammates with previous experience will also attend Basic Training Class, however, they may opt-out of class by successfully passing the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources reading assignments to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the in-center hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care.

After the new teammate with experience has sufficiently prepared for the *DaVita Basic Training Final Exam*, the teammate's manager will enroll him/her in the online exam. To protect the integrity of the exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored by the preceptor.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. After conclusion of class, the teammate will then receive a second attempt to pass the Final Exam either as a paper-based exam or online as chosen by the Basic Training instructor and outlined in the section for inexperienced teammates of this policy.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. This enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

The **didactic phase** for nurses regardless of previous experience includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P

Training Program Manual
Basic Training for In-center Hemodialysis
DaVita, Inc.

TR1-01-02

- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

Independent Care Assignments

Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.

Note:

Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The In-center Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals Evaluation (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Auburn Park Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an electronic dialysis data system;
- Auburn Park Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

A handwritten signature in black ink, appearing to read "Arturo Sida".

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

Subscribed and sworn to me

This ____ day of ____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

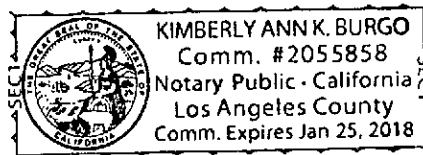
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

**TRANSFER AGREEMENT
BETWEEN
ADVOCATE HEALTH AND HOSPITALS CORPORATION
D/B/A ADVOCATE CHRIST MEDICAL CENTER
AND
TOTAL RENAL CARE, INC. D/B/A AUBURN PARK DIALYSIS**

THIS AGREEMENT is entered into this 37 day of September, 2017, ("Effective Date") between ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a ADVOCATE CHRIST MEDICAL CENTER, an Illinois not-for-profit corporation, hereinafter referred to as "HOSPITAL", and TOTAL RENAL CARE, INC. d/b/a AUBURN PARK DIALYSIS, hereinafter referred to as "FACILITY".

WHEREAS, HOSPITAL is licensed under Illinois law as an acute care hospital;

WHEREAS, FACILITY is certified to operate as an Illinois free-standing dialysis clinic owned and operated by FACILITY and, if required, as a properly licensed medical facility under state laws and regulations;

WHEREAS, HOSPITAL and FACILITY desire to cooperate in the transfer of patients between HOSPITAL and FACILITY, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from FACILITY to HOSPITAL, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 This Agreement shall be effective from the Effective Date, and shall remain in full force and effect for an initial term of one (1) year. Thereafter, this Agreement shall be automatically extended for successive one (1) year periods unless terminated as hereinafter set forth. All the terms and provisions of this Agreement shall continue in full force and effect during the extension period(s).

II. TERMINATION

2.1 Either party may terminate this Agreement, with or without cause upon thirty (30) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 FACILITY agrees:

- a. That FACILITY shall refer and transfer patients to HOSPITAL for medical treatment only when such transfer and referral has been determined to be medically appropriate by the patient's attending physician or, in the case of an emergency, the Medical Director for FACILITY, hereinafter referred to as the "Transferring Physician";
- b. That the Transferring Physician shall contact HOSPITAL's Emergency Department Nursing Coordinator prior to transport, to verify the transport and acceptance of the emergency patient by HOSPITAL. The decision to accept the transfer of the emergency patient shall be made by HOSPITAL's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of HOSPITAL's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. FACILITY agrees that HOSPITAL shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at HOSPITAL. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by HOSPITAL to the Emergency Physician and/or Accepting Physician;
- c. That FACILITY shall be responsible for effecting the transfer of all patients referred to HOSPITAL under the terms of this Agreement, including arranging for appropriate transportation, financial responsibility for the transfer in the event patient fails or is unable to pay, and care for the patient during the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and/or Accepting Physician;
- d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;
- e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer;
- f. To inform its patient of their responsibility to pay for all inpatient and outpatient services provided by ADVOCATE; and
- g. To maintain and provide proof to HOSPITAL of professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 HOSPITAL agrees:

- a. To accept and admit in a timely manner, subject to bed availability, FACILITY patients referred for medical treatment, as more fully described in Section 3.1, Subparagraphs a through g;
- b. To accept patients from FACILITY in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's Transferring Physician at FACILITY;
- c. That HOSPITAL will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;
- d. That HOSPITAL shall provide FACILITY patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and
- e. To maintain professional and general liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, FACILITY shall insure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to HOSPITAL, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of HOSPITAL and FACILITY shall remain the property of each respective institution.

4.2 Personal Effects. FACILITY shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to HOSPITAL. HOSPITAL shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at HOSPITAL.

4.3 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either HOSPITAL or FACILITY. The governing body of HOSPITAL and FACILITY shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.4 Publicity and Advertising. Neither the name of HOSPITAL nor FACILITY shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.5 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient, as may be amended from time to time.

4.6 Nondiscrimination. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.7 Affiliation. Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.8 Applicable Laws. The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.9 Governing Law. All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.10 Writing Constitutes Full Agreement. This Agreement embodies the complete and full understanding of HOSPITAL and FACILITY with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.11 Written Modification. There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.12 Severability. It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.13 Notices. All notices required to be served by provisions of this Agreement may be served on any of the parties hereto personally or may be served by sending a letter duly addressed by registered or certified mail. Notices to be served on HOSPITAL shall be served at or mailed to: Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, 4440 West 95th Street, Oak Lawn, IL 60453, Attention: President, with a copy to Advocate Health Care, Senior Vice President and General

Counsel, 3075 Highland Parkway, Downers Grove, Illinois 60515 unless otherwise instructed.

Notices to be served on FACILITY shall be mailed to: Auburn Park Dialysis, 7939 S Western Ave, Chicago, IL 60620, Attention: Facility Administrator, with copies to: Total Renal Care, Inc., c/o DaVita Inc., 5200 Virginia Way, Brentwood, TN 37027, Attention: Group General Counsel.

IN WITNESS WHEREOF, this Agreement has been executed by HOSPITAL and FACILITY on the date first above written.

ADVOCATE HEALTH AND HOSPITALS CORPORATION
d/b/a **ADVOCATE CHRIST MEDICAL CENTER**

BY: Kw Lukhard
NAME: Kenneth Lukhard
TITLE: President

TOTAL RENAL CARE, INC. d/b/a AUBURN PARK DIALYSIS

BY: Brent Habitz
NAME: Brent Habitz
TITLE: Regional Operations Director

APPROVED AS TO FORM ONLY:
DaVita, Inc.

By: Kanika M. Rankin
Name: Kanika M. Rankin
Its: Senior Corporate Counsel – Operations



Certificate Of Completion

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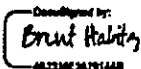
Brent Habitz

Brent.Habitz@davita.com

Regional Operations Director

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Certified Delivered	Security Checked	9/18/2017 1:42:03 PM
Signing Complete	Security Checked	9/18/2017 1:42:40 PM
Completed	Security Checked	9/18/2017 1:42:40 PM
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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DaVita:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: emily.briggs@davita.com

To advise DaVita of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.. In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from DaVita

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DaVita

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, US Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

**** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.**

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

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Denver, CO 80202

jennifer.schroeder@davita.com

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Kanika M. Rankin

Kanika.Rankin@davita.com

Senior Corporate Counsel

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Agent Delivery Events

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Certified Delivered

Security Checked

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Signing Complete

Security Checked

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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DaVita:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: emily.briggs@davita.com

To advise DaVita of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.. In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from DaVita

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DaVita

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, US Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">•Allow per session cookies•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Auburn Park Dialysis expects to achieve and maintain 80% target utilization; and
- Auburn Park Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

Subscribed and sworn to me

This ____ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

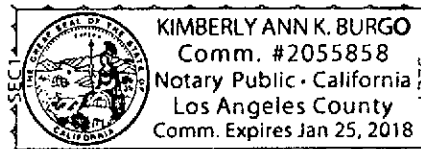
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with FREP 79th & Western LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017. A letter of intent to lease the facility is attached at Attachment – 34.



225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

September 19, 2017

Andrew Rubin
Frontline Real Estate Partners
477 Elm Place
Highland Park, IL 60035

RE: LOI – 7939 S Western Ave, Chicago, IL 60620

Mr. Rubin:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita, Inc. to assist in securing a lease requirement. DaVita, Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US.

<u>PREMISES:</u>	7939 S Western Ave, Chicago, IL 60620
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>LANDLORD:</u>	<i>FREP 79th & Western, LLC</i>
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 7,022 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	<i>\$26.00/SF NNN with 2% annual escalations on the base rent</i>
<u>ADDITIONAL EXPENSES:</u>	<i>Approximately \$6.00/SF</i> <i>56.72% [56.72 % derived from [7,022 /12,380].</i> <i>Utilities will be separately metered and Tenant will be fully responsible for its own utilities.</i> Landlord estimates the triple net operating expense costs to \$6.00 psf in the first full lease year and no greater than 5% increases annually thereafter for controllable operating expenses. The term controllable operating expenses shall mean all operating expenses except for real estate taxes, insurance and snow removal.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete within 210 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

Zoning is appropriate for use. No CCR's.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
- c) 4 Dedicated handicapped stalls located as close as possible to the front door of the premises.
- d) Loading/unloading zone in front of Tenant's proposed entrance on 79th St subject to Aldermanic approval

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Landlord shall deliver to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B with specific reference to the following:

Demolition of the existing roof assembly, existing roof equipment and existing structure.

Landlord to provide non-combustible new structural supports (Steel columns and concrete foundations) for the roof which will raise the roof to a height of 13'-0" clear to the underside of the lowest structural member. Columns to be located in a manner to insure that the treatment floor is column free. Landlord shall infill concrete slab at locations of all removed or new columns. Tenant will provide proposed column locations. Landlord to extend the building envelope up vertically with like materials. Landlord to provide new steel roof structure which will support all newly proposed RTU at locations provided by Tenant. Landlord to provide new roof assembly which shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof insulation to meet current energy codes. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Roof curbs and RTU's to be provided by Tenant. Landlord to install roofing at all new roof curbs. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide new OSHA compliant roof hatch at an approved location within the tenant space. Landlord to separate or bring in utilities to a mutually agreed upon location.

Landlord to install a UL approved 1hr rated demising wall separating the Premises into a separately demised space using mold and moisture resistant gypsum board on both sides of partition and sound attenuation and 6" rigid insulation at floor.

Landlord to complete parking lot paving and landscaping and provide an accessible route to Tenant's space. Catch basins and sewers will need to be cleaned out and restored to good condition. Parking lot to meet current city requirements.

Landlord to install a 5' wide service door (3'-0" and 2'-0" insulated hollow metal doors) on the alley side of the building. Coordinate hardware with Tenant.

Landlord to revise existing storefront on Western Avenue to accommodate Tenant's proposed floor plan. Tenant's main entrance to be located on 79th Street, subject to Aldermanic approval.

Landlord to provide 800 amp electrical service in mutually agreed upon location dedicated to the Premises. Landlord to make modifications to existing gas meter per Tenant's specifications.

Landlord to provide exterior lighting in the parking lot and building perimeter.

Landlord to provide a new fully addressable fire alarm with new panel. Tenant will provide piping and devices to a specific location within the Premises.

Landlord to provide a new water service with a minimum dedicated 2" line and booster pump if needed. Service location to be coordinated with Tenant.

Landlord to provide a new sanitary line per Tenant's specifications location to be coordinated with Tenant.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease with 2% annual escalations on the base rent.

**RIGHT OF FIRST
OPPORTUNITY ON
ADJACENT SPACE:**

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed within 210 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 210 day delivery period.

* If Tenant requires the Landlord work to be delivered no later than 150 days from lease execution or waiver of CON contingency, then the Landlord would propose that the Tenant reimburse the Landlord for the approximate \$35,000 architectural cost associated with the preliminary Landlord delivery plans, only in the event that the Tenant fails to either execute the lease or waive the CON contingency.

HOLDING OVER:

Tenant shall be obligated to pay 110% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.

HVAC:

Landlord to provide necessary bridging, bracing, and reinforcing steel supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings) and roof the curbs in. Tenant to provide the curbs.

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of



the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar (\$1.00) per square foot per lease term year, capped at year 12 of the initial lease term, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon rent commencement. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita, Inc.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:

7939 S Western Ave, Chicago, IL 60620

AGREED TO AND ACCEPTED THIS 27 DAY OF SEPTEMBER 2017

By: 

**On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")**

AGREED TO AND ACCEPTED THIS 28th DAY OF SEPTEMBER 2017

By: 

**FREP 79th & Western, LLC
("Landlord")**

EXHIBIT A**NON-BINDING NOTICE**

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

EXHIBIT B*Davita.*

**[OPTION 2: FOR EXISTING BUILDING]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]**

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Landlord shall provide the following Base Building Improvements to meet Tenant's requirements for an Existing Base Building Improvements at Landlord's sole cost:

All MBBI work completed by the Landlord will need to be coordinated and approved by the Tenant and there Consultants prior to any work being completed, including shop drawings and submittals reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer.

Tenant shall have full control over the selection of the General Contractor for the tenant improvement work.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

Intentionally omitted

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean

and ready for interior improvements specific to the buildout of a dialysis facility. Building to be free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

5.0 - Foundation and Floor

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

All repairs will be done by Landlord at his cost and be done prior to Tenant acceptance of space for construction. Any issues with slab during Tenant construction will be brought up to Landlord attention and cost associated with slab issue to repair will be paid by Landlord.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 90% relative humidity as emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsibility of the Landlord and may preclude the requirement for Tenant's third party testing.

6.0 - Structural and Roof

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Coordinate column spacing and locations with Tenant's Architect. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

7.0 - Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Landlord prior to Tenant taking possession.

It will be the Landlord's responsibility for all cost to bring exterior walls up to code before Tenant takes possession.

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

At Tenant's option and as agreed upon by Landlord, any new demising wall interior drywall to Tenant's space shall not be installed until after Tenant's improvements are complete in the wall.

9.0- Roof Covering

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

Any new penetrations made during buildout will be at the Tenant's cost. Landlord shall grant Tenant that right to conceal or remove existing skylights as deemed appropriate by Tenant and their Consultants.

10.0 – Canopy

Intentionally omitted

11.0 – Waterproofing and Weatherproofing

Landlord shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Landlord shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

All exterior doors shall meet all barrier-free requirements including but not limited to American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Landlord at his cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather stripping, damage to doors or frames will be repaired or replaced by Landlord.

Landlord will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Landlord, to have them installed per the following criteria:

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leaves), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset.

Any doors that are designated to be provided modified or prepared by Landlord; Landlord shall provide to Tenant, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Tenant and Tenant's architect.

15.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant at a common location for access. Landlord is responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Tenant's Architect.

16.0 – Plumbing

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televisc existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

Sanitary sampling manhole if required by local municipality on new line.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

17.0 - Fire Suppression and Alarm System

Fire Sprinkler Systems and building fire alarm control panel shall be maintained by Landlord. Landlord to provide pertinent information on systems for Tenant Engineers for design. Landlord to provide current vendor for system and monitoring company.

A Sprinkler system will be installed if required by AHJ or if required by Tenant. Any single story standalone building or that could expand to greater than 10,000 will require a sprinkler system. Landlord to provide cost, to be included in lease rate, for the design and installation of a complete turnkey sprinkler system (less drops and heads in Tenant space) that meets all local building, fire prevention and life safety codes for the entire building. This system to be on a dedicated water line independent of Tenant's potable water line requirements. Landlord to include all municipal approved shop drawings, service drops and

sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

Provide new service (preferably underground) with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per NEC and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad and grounding, and underground conduit and wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC.

Tenant's Engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

If combined service meter cannot be provided then Landlord shall provide written verification from Power Utility supplier stating multiple meters are allowed for use by the facility for the duration of the lease term.

If lease space is in a multi-tenant building then Landlord to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Tenant and distribution panel board per above.

Landlord will allow Tenant to have installed, at Tenant cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party

monitoring service in accordance with the local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost. Fire Alarm system equipment shall be equipped for double detection activation if required.

19.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU's. Natural gas line shall be individually metered and sized per demand by Engineer.

20.0 - Mechanical /Heating Ventilation Air Conditioning

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Tenant will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

The criteria is as follows:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Equipment to be Lennox RTU's • Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads. • RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor. • System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll ductwork to be externally lined except for the drops from the units. • Provide 100% enthalpy economizer • Units to include Power Exhaust | <ul style="list-style-type: none"> • Control system must be capable of performing all items outlined in the Sequence of Operations specification section • RTU controller shall be compatible with a Building Management System using BACnet communication protocol. • Provide high efficiency inverter rated non-overloading motors • Provide 18" curbs, 36" in Northern areas with significant snow fall • Units to have disconnect and service outlet at unit • Units will include motorized dampers for OA, RA & EA • System shall be capable of providing 55deg supply air temperature when it is in the cooling mode |
|---|---|

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenants' design criteria and local and state codes.

21.0 - Telephone

Intentionally omitted

22.0 - Cable or Satellite TV

Intentionally omitted

23.0 - Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Landlord shall provide pavement marking; curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Tenant delivery door and also link to the accessible path of travel. This is all subject to Aldermanic approval.

24.0 - Generator

Landlord to allow an Automatic Transfer Switch to be installed onsite if required by code or Tenant chooses to provide one.

25.0 - Existing Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Tenant business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Landlord house panel and equipped. If new lighting is provided it will need to be code compliant with a 90 minute battery back up at all access points.

26.0 - Exterior Building Lighting

Landlord to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

27.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

28.0 – Refuse Enclosure

If an area is not designated, Landlord to provide Refuse area for Tenant dumpsters. Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

29.0 – Signage

Landlord to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Tenant and the City.
Final sign layout to be provided and approved by Tenant and City.

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 7939 S Western Ave, Chicago, IL 60620

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes X No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

___ Yes X No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes X No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes X No

FREP 79th & Western, LLC

By: _____

Print: _____

Its: _____

Date: _____

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017.

Section X, Economic Feasibility Review Criteria

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.,
Mng. Mbr. of Sappington Dialysis, LLC

Subscribed and sworn to me
This ___ day of ___, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 4, 2017 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

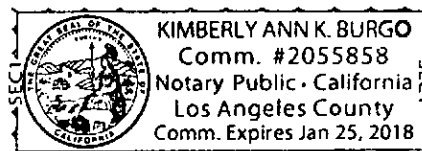
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Sappington Dialysis, LLC)

Document Date: October 4, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Sappington Dialysis, LLC

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
ESRD		\$177.15			4,484			\$794,361	\$794,361
Contingency		\$17.72			4,484			\$79,435	\$79,435
TOTAL CLINICAL		\$194.87			4,484			\$873,796	\$873,796
NON- CLINICAL									
Admin		\$177.15			2,538			\$449,618	\$449,618
Contingency		\$17.72			2,538			\$44,961	\$44,961
TOTAL NON- CLINICAL		\$194.87			2,538			\$494,579	\$494,579
TOTAL		\$194.87			7,022			\$1,368,375	\$1,368,375

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Construction Contracts & Contingencies	\$873,796	$\$194.87 \times 4,484 \text{ GSF} =$ \$873,797	Meets State Standard
Contingencies	\$79,435	10% - 15% of Modernization Construction Contracts $10\% - 15\% \times \$794,361 =$ \$79,436 - \$119,154	Below State Standard
Architectural/Engineering Fees	\$94,000	7.18% - 10.78% of Modernization Construction Contracts + Contingencies) = $7.18\% - 10.78\% \times$ $(\$794,361 + \$79,435) =$	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		7.18% - 10.78% x \$873,796 = \$62,738 - \$94,195	
Consulting and Other Fees	\$80,000	No State Standard	No State Standard
Moveable Equipment	\$637,705	\$53,682.74 per station x 12 stations \$53,682.74 x 12 = \$644,192	Meets State Standard
Fair Market Value of Leased Space or Equipment	\$1,751,843	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$2,482,976

Treatments: 9,672

Operating Expense per Treatment: \$256.72

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	\$208,462
Amortization:	\$10,891
Total Capital Costs:	\$219,353

Treatments: 9,672

Capital Costs per Treatment: \$22.68

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of our Illini Renal CON application (Proj. No. 17-032). As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs.

Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita accepts and dialyzes patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care.

2. The proposed Auburn Park Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The utilization of existing dialysis facilities within the Auburn Park GSA that have been operational for at least 2 years is 75.22%. Further, patient census among the existing facilities within the Auburn Park GSA has increased by 95 patients since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

Further, J. R. Nephrology & Associates, S.C. is currently treating 129 CKD patients, who reside within either the ZIP code of the proposed Auburn Park Dialysis (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), J. R. Nephrology anticipates that at least 62 of these 129 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed Auburn Park Dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Auburn Park Dialysis. As such, this criterion is not applicable. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	\$2,477,363	\$2,791,566	\$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	\$8,603,971	\$7,381,390	\$4,692,716

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE – DaVita, Inc.			
	2014	2015	2016
Net Patient Revenue	\$266,319,949	\$311,351,089	\$353,226,322
Amount of Charity Care (charges)	\$2,477,363	\$2,791,566	\$2,400,299
Cost of Charity Care	\$2,477,363	\$2,791,566	\$2,400,299

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from J. R. Nephrology & Associates, S.C. projecting 62 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.



JR NEPHROLOGY & ASSOCIATES, S.C.

James J. Rydel, M.D., F.A.C.P.
Michael E. Arvan, M.D.
Sreya Pallath, M.D.

4542 WEST 95TH STREET
OAK LAWN, IL 60453
PHONE: 708/425-0522
FAX: 708/425-4505

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

September 29, 2017

Dear Chair Olson:

I am a nephrologist in practice with J. R. Nephrology & Associates, S.C. ("J. R. Nephrology"). I am writing on behalf of J. R. Nephrology in support of DaVita's establishment of Auburn Park Dialysis. The proposed 12-station chronic renal dialysis facility, to be located in Chicago, Illinois 60620 will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services on the south side of Chicago. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 90, 94, 57, 294, and 55 (I-90, I-94, I-57, I-294, and I-55) and will provide better access to patients residing on the south side of Chicago. Utilization of facilities in operation for more than two years within the 30 minute Geographic Service Area of the proposed facility was 75.22%, according to June 30, 2017 reported census data.

I have identified 129 patients from my practice who are suffering from CKD, who all reside within either the ZIP code of the proposed facility (60620) or 5 other nearby ZIP codes, all within 6 miles of 60620. Conservatively, I predict at least 62 of the 129 CKD patients will progress to dialysis within the next 12 to 24 months. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area over the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The list of zip codes for the 129 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Auburn Park Dialysis.

Sincerely,



Michael Arvan, M.D.
Nephrologist
J. R. Nephrology & Associates, S.C.
4542 West 95th Street
Oak Lawn, Illinois 60453

Subscribed and sworn to me

This 3 day of October, 2017

Notary Public:



Attachment 1
Historical Patient Utilization

Beverly Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60445	1	60419	2	60406	1	60620	21
60453	1	60643	1	60419	1	60652	6
60473	1	60445	1	60430	1	60636	3
60609	1	60453	1	60473	1	60628	8
60610	1	60455	1	60609	2	60617	3
60617	5	60473	1	60610	1	60649	2
60619	4	60609	1	60617	6	60626	1
60620	12	60617	5	60619	5	60653	1
60626	1	60619	4	60620	18	60619	6
60628	6	60620	17	60626	1	60419	2
60629	4	60626	1	60628	8	60629	4
60636	3	60628	9	60629	3	60643	3
60643	2	60629	6	60636	4	60637	2
60649	1	60636	5	60643	3	60473	1
60652	6	60643	1	60649	2	60609	1
60653	2	60649	1	60652	11	60406	1
60805	1	60652	8	60653	2		
		60653	2	60803	1		
		60803	1				
		60805	1				
		60827	1				

Attachment 1
Historical Patient Utilization

Stony Creek Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60459	1	60415	1	60415	5	60453	18
60115	1	60073	1	60445	1	60415	4
60415	2	60115	1	60453	18	60459	5
60445	1	60415	3	60455	4	60455	4
60450	1	60445	1	60456	1	60629	8
60453	9	60450	1	60457	2	60805	2
60455	4	60453	13	60458	1	60617	2
60456	3	60455	7	60459	5	60643	1
60457	3	60456	3	60465	2	60456	1
60458	2	60457	2	60491	1	60636	2
60459	2	60458	2	60609	1	60652	4
60463	1	60459	4	60617	2	60457	1
60465	1	60463	1	60620	2	60620	3
60467	1	60465	1	60628	2	60482	1
60482	1	60467	1	60629	7	60439	1
60491	1	60491	1	60632	1	60628	1
60501	1	60617	1	60636	2	60803	1
60617	1	60620	3	60643	1	60465	1
60620	4	60628	2	60652	5	60655	2
60628	2	60629	5	60655	2	60458	2
60629	4	60632	2	60803	1	60609	1
60632	3	60636	1	60805	1		
60636	1	60643	1				
60643	1	60652	3				
60652	4	60655	1				
60805	1	60803	1				

Attachment 1
Historical Patient Utilization

West Lawn Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60629	14	60620	1	60457	1	60629	26
60632	3	60621	1	60619	1	60637	1
60638	1	60629	17	60620	1	60652	5
60652	1	60632	3	60621	1	60638	3
60805	1	60638	2	60629	23	60643	2
		60652	1	60632	3	60619	1
		60805	1	60636	1	60636	1
				60638	2	60457	1
				60652	3	60632	3
				60805	1	60620	1
						60621	1
						60464	1

Attachment 1
Historical Patient Utilization

Chicago Ridge Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60415	1	60803	3
				60453	2	60463	2
				60457	2	60465	1
				60458	1	60458	2
				60465	1	60551	1
				60467	1	60453	2
				60477	1	60415	3
				60482	2	60482	1
				60487	1	60457	2
				60605	2	60638	1
				60620	2	60620	3
				60628	1	60467	1
				60652	1	60652	1
				60803	1	60459	2
						60455	1

Attachment 2
New Patients

Beverly Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60406	1	60652	3
60609	1	60619	1
60617	1	60628	1
60620	2	60643	3
60629	2	60620	1
60636	1	60629	1
60643	1		
60649	1		
60651	1		
60652	1		
60827	1		

Attachment 2
New Patients

Stony Creek Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60453	4
60453	7	60629	2
60455	1	60805	1
60457	1	60430	1
60459	2	60415	2
60465	2	60482	1
60609	1	60525	1
60617	1	60439	1
60629	3	60458	1
60636	1		
60652	2		
60655	1		
60805	1		

Attachment 2
New Patients

West Lawn Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60073	1	60629	4
60457	1	60638	1
60619	1	60643	2
60620	1	60652	2
60629	7		
60636	2		
60652	3		

Attachment 2
New Patients

Chicago Ridge Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60445	1
60453	3	60463	1
60457	2	60501	1
60458	1	60638	1
60465	1	60803	1
60467	1	60620	1
60477	1	60459	2
60482	1	60455	1
60487	1	60458	1
60605	2	60415	1
60620	2		
60628	1		
60643	1		
60652	1		
60803	1		

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60620	37
60619	11
60636	12
60621	3
60643	33
60629	33
Total	129

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.

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 rights reserved.

YOUR TRIP TO:

7939 S Western Ave

**23 MIN | 9.2 MI** **Est. fuel cost: \$0.89**

Trip time based on traffic conditions as of 12:24 PM on July 14, 2017. Current Traffic: Heavy

FMC - Dialysis Center of America - Crestwood to proposed Auburn Park Dialysis

1. Start out going **southeast** on Cal Sag Rd/IL-83 toward Cicero Ave/IL-50.

Then 0.12 miles

0.12 total miles

2. Turn **sharp left** onto Cicero Ave/IL-50/IL-83. Continue to follow Cicero Ave/IL-50.*Cicero Ave is just past Cal Sag Rd.*

Then 4.85 miles

4.96 total miles

3. Turn **right** onto Southwest Hwy.
Southwest Hwy is just past W 94th St.

Then 1.27 miles

6.23 total miles

4. Turn **slight right** onto W 87th St.
*W 87th St is 0.2 miles past S Merrion Ln.**If you are on W Columbus Ave and reach S Pulaski Rd you've gone a little too far.*

Then 2.07 miles

8.30 total miles

5. Turn **left** onto S Western Ave.
S Western Ave is 0.2 miles past S Rockwell Ave.

Then 0.92 miles

9.23 total miles



6. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**24 MIN | 8.6 MI** **Est. fuel cost: \$0.82**

Trip time based on traffic conditions as of 12:28 PM on July 14, 2017. Current Traffic: Heavy

USRC Hickory Hills to proposed sita for Auburn Park Dialysis

1. Start out going **north** on Hickory Palos Sq toward W 95th St/US-20 E/US-12 E.

Then 0.07 miles

0.07 total miles

2. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.

Then 4.09 miles

4.17 total miles

3. Turn **left** onto S Cicero Ave/IL-50.*S Cicero Ave is just past Lacrosse Ave.**If you reach Kilpatrick Ave you've gone about 0.1 miles too far.*

Then 0.21 miles

4.38 total miles

4. Take the 2nd **right** onto Southwest Hwy.*Southwest Hwy is just past W 94th St.*

Then 1.27 miles

5.65 total miles

5. Turn **slight right** onto W 87th St.*W 87th St is 0.2 miles past S Merrion Ln.**If you are on W Columbus Ave and reach S Pulaski Rd you've gone a little too far.*

Then 2.07 miles

7.72 total miles

6. Turn **left** onto S Western Ave.*S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

8.64 total miles



7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

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YOUR TRIP TO:

7939 S Western Ave

**22 MIN | 8.7 MI** **Est. fuel cost: \$0.83**

Trip time based on traffic conditions as of 12:30 PM on July 14, 2017. Current Traffic: Heavy

Chicago Ridge Dialysis to proposed site for Auburn Park Dialysis

**1. Start out going north on S Harlem Ave/IL-43 toward W 105th St.**

Then 1.13 miles

1.13 total miles

**2. Merge onto W 95th St/US-20 E/US-12 E.**

Then 3.06 miles

4.19 total miles

**3. Turn left onto S Cicero Ave/IL-50.***S Cicero Ave is just past Lacrosse Ave.**If you reach Kilpatrick Ave you've gone about 0.1 miles too far.*

Then 0.21 miles

4.40 total miles

**4. Take the 2nd right onto Southwest Hwy.***Southwest Hwy is just past W 94th St.*

Then 1.27 miles

5.67 total miles

**5. Turn slight right onto W 87th St.***W 87th St is 0.2 miles past S Merrion Ln.**If you are on W Columbus Ave and reach S Pulaski Rd you've gone a little too far.*

Then 2.07 miles

7.74 total miles

**6. Turn left onto S Western Ave.***S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

8.67 total miles

**7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.***Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:


7939 S Western Ave


**15 MIN | 8.1 MI** **Est. fuel cost: \$0.79**


Trip time based on traffic conditions as of 12:36 PM on July 14, 2017. Current Traffic: Heavy


FMC Alsip to proposed site for Auburn Park Dialysis


- 


1. Start out going **east** toward S Cicero Ave/IL-50.
Then 0.07 miles 0.07 total miles
- 

2. Turn **right** onto S Cicero Ave/IL-50.
Then 0.03 miles 0.10 total miles
- 

3. Make a **U-turn** at W 123rd St onto S Cicero Ave/IL-50.
If you reach W 123rd Pl you've gone a little too far.
Then 3.75 miles 3.85 total miles
- 

4. Turn **right** onto Southwest Hwy.
Southwest Hwy is just past W 94th St.
Then 1.27 miles 5.13 total miles
- 

5. Turn **slight right** onto W 87th St.
W 87th St is 0.2 miles past S Merrion Ln.
If you are on W Columbus Ave and reach S Pulaski Rd you've gone a little too far.
Then 2.07 miles 7.19 total miles
- 

6. Turn **left** onto S Western Ave.
S Western Ave is 0.2 miles past S Rockwell Ave.
Then 0.92 miles 8.12 total miles
- 

7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.
Your destination is just past W 80th St.
If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**11 MIN | 4.5 MI** **Est. fuel cost: \$0.43**

Trip time based on traffic conditions as of 12:37 PM on July 14, 2017. Current Traffic: Heavy

DCC of Oak Lawn to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

Then 0.50 miles

0.50 total miles

2. Turn **right** onto W 87th St.*W 87th St is 0.1 miles past W 88th St.*

Then 3.04 miles

3.54 total miles

3. Turn **left** onto S Western Ave.*S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

4.47 total miles

4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 78th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**11 MIN | 4.4 MI** **Est. fuel cost: \$0.43**

Trip time based on traffic conditions as of 12:39 PM on July 14, 2017. Current Traffic: Heavy

Stony Creek Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

Then 0.48 miles

0.48 total miles

2. Turn **right** onto W 87th St.*W 87th St is 0.1 miles past W 88th St.*

Then 3.04 miles

3.52 total miles

3. Turn **left** onto S Western Ave.*S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

4.45 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**20 MIN | 7.0 MI** **Est. fuel cost: \$0.69**

Trip time based on traffic conditions as of 12:40 PM on July 14, 2017. Current Traffic: Heavy

FMC Midway to proposed site for Auburn Park Dialysis

**1. Start out going east on W 63rd St toward S Melvina Ave.**

Then 2.77 miles

2.77 total miles

**2. Turn right onto S Pulaski Rd.***S Pulaski Rd is just past S Komensky Ave.**If you reach S Springfield Ave you've gone about 0.1 miles too far.*

Then 2.02 miles

4.79 total miles

**3. Turn left onto W 79th St.***W 79th St is 0.1 miles past W 78th St.**If you reach W 80th Pl you've gone about 0.1 miles too far.*

Then 2.02 miles

6.81 total miles

**4. Turn right onto S Western Ave.***S Western Ave is just past S Artesian Ave.**If you reach S Claremont Ave you've gone a little too far.*

Then 0.12 miles

6.93 total miles

**5. Make a U-turn at W 80th St onto S Western Ave.***If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

6.98 total miles

**6. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.***If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**12 MIN | 3.7 MI** **Est. fuel cost: \$0.41**

Trip time based on traffic conditions as of 12:41 PM on July 14, 2017. Current Traffic: Heavy

FMC Burbank to proposed site for Auburn Park Dialysis

1. Start out going **south** on La Crosse Ave toward W 76th St.

Then 0.04 miles

0.04 total miles

2. Take the 1st **left** onto W 76th St.

Then 0.10 miles

0.14 total miles

3. Take the 1st **right** onto IL-50/S Cicero Ave.*If you reach Ford City Shopping Ctr you've gone a little too far.*

Then 0.36 miles

0.51 total miles

4. Turn **left** onto W 79th St.*W 79th St is 0.1 miles past W 78th St.*

Then 3.02 miles

3.53 total miles

5. Turn **right** onto S Western Ave.*S Western Ave is just past S Artesian Ave.**If you reach S Claremont Ave you've gone a little too far.*

Then 0.12 miles

3.65 total miles

6. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

3.70 total miles



7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

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YOUR TRIP TO:

7939 S Western Ave

**9 MIN | 3.0 MI** **Est. fuel cost: \$0.29**

Trip time based on traffic conditions as of 12:43 PM on July 14, 2017. Current Traffic: Heavy

DSI - RCG - Scottsdale to proposed site for Auburn Park Dialysis

1. Start out going **east** on W 79th St toward S Knox Ave.

Then 2.86 miles

2.86 total miles

2. Turn **right** onto S Western Ave.*S Western Ave is just past S Artesian Ave.**If you reach S Claremont Ave you've gone a little too far.*

Then 0.12 miles

2.98 total miles

3. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

3.03 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**9 MIN | 3.3 MI** **Est. fuel cost: \$0.36**

Trip time based on traffic conditions as of 12:44 PM on July 14, 2017. Current Traffic: Heavy

West Lawn Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Pulaski Rd toward W 70th Pl.

Then 1.09 miles

1.09 total miles

2. Turn **left** onto W 79th St.*W 79th St is 0.1 miles past W 78th St.**If you reach W 80th Pl you've gone about 0.1 miles too far.*

Then 2.02 miles

3.11 total miles

3. Turn **right** onto S Western Ave.*S Western Ave is just past S Artesian Ave.**If you reach S Claremont Ave you've gone a little too far.*

Then 0.12 miles

3.23 total miles

4. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

3.28 total miles

5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



7939 S Western Ave

23 MIN | 8.1 MI **Est. fuel cost: \$0.82**

Trip time based on traffic conditions as of 12:47 PM on July 14, 2017. Current Traffic: Heavy

FMC Blue Island to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Western Ave toward 142nd St.

Then 1.46 miles

1.46 total miles



2. S Western Ave becomes Gregory St.

Then 0.55 miles

2.01 total miles

3. Turn **left** onto Burr Oak Ave.*Burr Oak Ave is just past Prairie St.**If you are on Vincennes Rd and reach Olive St you've gone a little too far.*

Then 0.11 miles

2.12 total miles

4. Turn **right** onto Western Ave.*If you reach Artesian Ave you've gone a little too far.*

Then 5.95 miles

8.07 total miles

5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**15 MIN | 5.6 MI** **Est. fuel cost: \$0.55**

Trip time based on traffic conditions as of 12:49 PM on July 14, 2017. Current Traffic: Heavy

FMC Merrionette Park to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Kedzie Ave toward W 116th Pl.

Then 3.70 miles

3.70 total miles

2. Turn **right** onto W 87th St.*W 87th St is 0.1 miles past W 88th St.*

Then 1.03 miles

4.72 total miles

3. Turn **left** onto S Western Ave.*S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

5.65 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**15 MIN | 5.2 MI** **Est. fuel cost: \$0.50**

Trip time based on traffic conditions as of 12:50 PM on July 14, 2017. Current Traffic: Heavy

Mt Greenwood Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **east** on W 111th St toward S Homan Ave.

Then 0.25 miles

0.25 total miles

2. Turn **left** onto S Kedzie Ave.*S Kadzia Ave is just past S Sawyer Ave.**If you reach S Troy St you've gone a little too far.*

Then 2.99 miles

3.25 total miles

3. Turn **right** onto W 87th St.*W 87th St is 0.1 miles past W 88th St.*

Then 1.03 miles

4.27 total miles

4. Turn **left** onto S Western Ave.*S Western Ave is 0.2 miles past S Rockwell Ave.*

Then 0.92 miles

5.20 total miles



5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**6 MIN | 2.4 MI** **Est. fuel cost: \$0.24**

Trip time based on traffic conditions as of 12:52 PM on July 14, 2017. Current Traffic: Heavy

· FMC Evergreen Park to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Western Ave toward W 99th St.

Then 2.44 miles

2.44 total miles



2. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**0.2 MI** **Est. fuel cost: \$0.02**

Trip time based on traffic conditions as of 12:53 PM on July 14, 2017. Current Traffic: Moderate

Beverly Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Western Ave toward W 81st St.

Then 0.18 miles

0.18 total miles



2. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:



7939 S Western Ave

14 MIN | 5.5 MI **Est. fuel cost: \$0.59**

Trip time based on traffic conditions as of 12:55 PM on July 14, 2017. Current Traffic: Moderate

Washington Heights Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Halsted St/IL-1 toward W 107th St.

Then 0.08 miles

0.08 total miles

2. Take the 1st **right** onto W 107th St.*If you reach W 108th St you've gone about 0.1 miles too far.*

Then 2.00 miles

2.08 total miles

3. Turn **right** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you reach S Artesian Ave you've gone a little too far.*

Then 3.44 miles

5.52 total miles

4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**14 MIN | 4.1 MI** **Est. fuel cost: \$0.40**

Trip time based on traffic conditions as of 12:56 PM on July 14, 2017. Current Traffic: Heavy

FMC Beverly Ridge to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Vincennes Ave toward W 99th St.

Then 0.54 miles

0.54 total miles

2. Turn **left** onto W 95th St/US-20 W/US-12 W.*W 95th St is just past W 95th Pl.**If you reach W 94th St you've gone about 0.1 miles too far.*

Then 1.62 miles

2.17 total miles

3. Turn **right** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you reach S Evergreen Park Plz you've gone a little too far.*

Then 1.92 miles

4.09 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**11 MIN | 3.5 MI** **Est. fuel cost: \$0.38**

Trip time based on traffic conditions as of 12:57 PM on July 14, 2017. Current Traffic: Heavy

FMC Chatham to proposed site for Auburn Park Dialysis

1. Start out going **northwest** on S Holland Rd toward W 87th St.

Then 0.04 miles

0.04 total miles

2. Take the 1st **left** onto W 87th St.*If you reach W 85th St you've gone about 0.2 miles too far.*

Then 2.58 miles

2.82 total miles

3. Turn **right** onto S Western Ave.*S Western Ave is 0.3 miles past S Longwood Dr.**If you reach S Rockwell St you've gone about 0.3 miles too far.*

Then 0.91 miles

3.53 total miles

4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 79th St you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**6 MIN | 1.6 MI** **Est. fuel cost: \$0.17**

Trip time based on traffic conditions as of 12:59 PM on July 14, 2017. Current Traffic: Heavy

FMC Southside to proposed site for Auburn Park Dialysis

There are timed restrictions on your route.



1. Start out going west on W 76th St toward S Kedzie Ave.

Then 0.02 miles

0.02 total miles



2. Turn left onto S Kedzie Ave.

Then 0.38 miles

0.40 total miles



3. Take the 3rd left onto W 79th St.

*W 79th St is just past W Columbus Ave.**Timed turn restriction: Mon-Fri 7:00 AM to 9:00 AM.**Timed turn restriction: Mon-Fri 4:00 PM to 6:00 PM.**If you reach W 80th St you've gone about 0.1 miles too far.*

Then 1.01 miles

1.40 total miles



4. Turn right onto S Western Ave.

*S Western Ave is just past S Artesian Ave.**If you reach S Claremont Ave you've gone a little too far.*

Then 0.12 miles

1.52 total miles



5. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

1.57 total miles



6. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



7939 S Western Ave

6 MIN | 2.0 MI **Est. fuel cost: \$0.22**

Trip time based on traffic conditions as of 1:00 PM on July 14, 2017. Current Traffic: Heavy

FMC - Neomedica - Marquette Park to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Western Ave toward W 65th St.

Then 0.08 miles

0.08 total miles

2. Make a **U-turn** at W 65th St onto S Western Ave.*If you reach W 64th St you've gone about 0.1 miles too far.*

Then 1.90 miles

1.98 total miles

3. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

2.02 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**14 MIN | 4.8 MI** **Est. fuel cost: \$0.52**

Trip time based on traffic conditions as of 1:01 PM on July 14, 2017. Current Traffic: Heavy

Brighton Park Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **north** on S California Ave toward W 47th St.

Then 0.07 miles

0.07 total miles

2. Take the 1st **right** onto W 47th St.*If you reach W 46th St you've gone about 0.1 miles too far.*

Then 0.50 miles

0.57 total miles

3. Turn **right** onto S Western Ave.*S Western Ave is 0.1 miles past S Campbell Ave.**If you are on W 47th St and reach S Western Blvd you've gone a little too far.*

Then 4.15 miles

4.72 total miles

4. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

4.77 total miles

5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:



7939 S Western Ave

11 MIN | 4.0 MI **Est. fuel cost: \$0.45**

Trip time based on traffic conditions as of 1:02 PM on July 14, 2017. Current Traffic: Moderate

FMC - Ross Dialysis - Englewood to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Green St toward W 65th St.

Then 0.10 miles

0.10 total miles

2. Take the 1st **right** onto W 65th St.

Then 0.19 miles

0.29 total miles

3. Turn **left** onto S Morgan St.*S Morgan St is just past S Sangamon St.**If you reach S Carpenter St you've gone a little too far.*

Then 0.50 miles

0.79 total miles

4. Turn **right** onto W 69th St.*W 69th St is 0.1 miles past W 68th St.**If you reach W 70th St you've gone about 0.1 miles too far.*

Then 1.76 miles

2.56 total miles

5. Turn **left** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you are on W Lithuanian Plaza Ct and reach S Artesian Ave you've gone a little too far.*

Then 1.38 miles

3.94 total miles

6. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

3.99 total miles



7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**20 MIN | 5.5 MI** **Est. fuel cost: \$0.60**

Trip time based on traffic conditions as of 1:03 PM on July 14, 2017. Current Traffic: Heavy

FMC New City to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Bishop St toward W 47th St.

Then 0.07 miles

0.07 total miles

2. Turn **right** onto W 47th St.*If you reach W 48th St you've gone about 0.1 miles too far.*

Then 1.20 miles

1.26 total miles

3. Turn **left** onto S Western Ave.*S Western Ave is just past S Western Blvd.**If you reach S Campbell Ave you've gone about 0.1 miles too far.*

Then 4.15 miles

5.42 total miles

4. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

5.46 total miles



5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**15 MIN | 7.1 MI** **Est. fuel cost: \$0.80**

Trip time based on traffic conditions as of 1:04 PM on July 14, 2017. Current Traffic: Heavy

FMC Garfield to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Wentworth Ave toward W 53rd St.

Then 0.34 miles

0.34 total miles

2. Turn **left** onto W 51st St.*W 51st St is 0.2 miles past W 53rd St.**If you reach W 47th St you've gone about 0.4 miles too far.*

Then 0.07 miles

0.41 total miles

3. Take the 1st **left** onto S Wells St.*If you reach S Princeton Ave you've gone a little too far.*

Then 0.56 miles

0.97 total miles

4. Merge onto I-90 (LOCAL) E/I-94 E/Dan Ryan Expy S via the ramp on the **left**.

Then 1.13 miles

2.10 total miles

5. Merge onto I-94 (EXPRESS) E/Dan Ryan Expy S toward **Indiana**.

Then 0.86 miles

2.96 total miles



6. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

3.57 total miles

7. Take **EXIT 60C** toward **79th St**.

Then 0.24 miles

3.81 total miles

8. Keep **right** at the fork in the ramp.

Then 0.16 miles

3.97 total miles

9. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

4.00 total miles

10. Turn **right** onto W 79th St.*If you reach W 80th St you've gone about 0.1 miles too far.*

Then 2.95 miles

6.95 total miles



11. Turn left onto S Western Ave.

S Westam Ave is just past S Claremont Ave.

If you reach S Maplawood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

7.08 total miles



12. Make a U-turn et W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

7.13 total miles



13. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**16 MIN | 8.4 MI** **Est. fuel cost: \$0.94**

Trip time based on traffic conditions as of 1:06 PM on July 14, 2017. Current Traffic: Heavy

Emeraid Dialysis to proposed site for Auburn Park Dialysis



1. Start out going east on W 43rd St toward S Union Ave.

Then 0.64 miles

0.64 total miles



2. Turn right onto S Wentworth Ave.

S Wentworth Ave is just past S Wells St.

Then 0.03 miles

0.67 total miles



3. Merge onto I-90 (LOCAL) E/I-94 E/Dan Ryan Expy S via the ramp on the left.

Then 0.64 miles

1.31 total miles



4. Merge onto I-94 (EXPRESS) E/Dan Ryan Expy S via the exit on the left.

Then 2.90 miles

4.21 total miles



5. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

4.82 total miles



6. Take EXIT 60C toward 79th St.

Then 0.24 miles

5.07 total miles



7. Keep right at the fork in the ramp.

Then 0.16 miles

5.23 total miles



8. Turn slight left onto S Lafayette Ave.

Then 0.03 miles

5.25 total miles



9. Turn right onto W 79th St.

If you reach W 80th St you've gone about 0.1 miles too far.

Then 2.95 miles

8.21 total miles



10. Turn left onto S Western Ave.

*S Western Ave is just past S Claremont Ave.**If you reach S Maplewood Ave you've gone about 0.1 miles too far.*

Then 0.13 miles

8.34 total miles



11. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

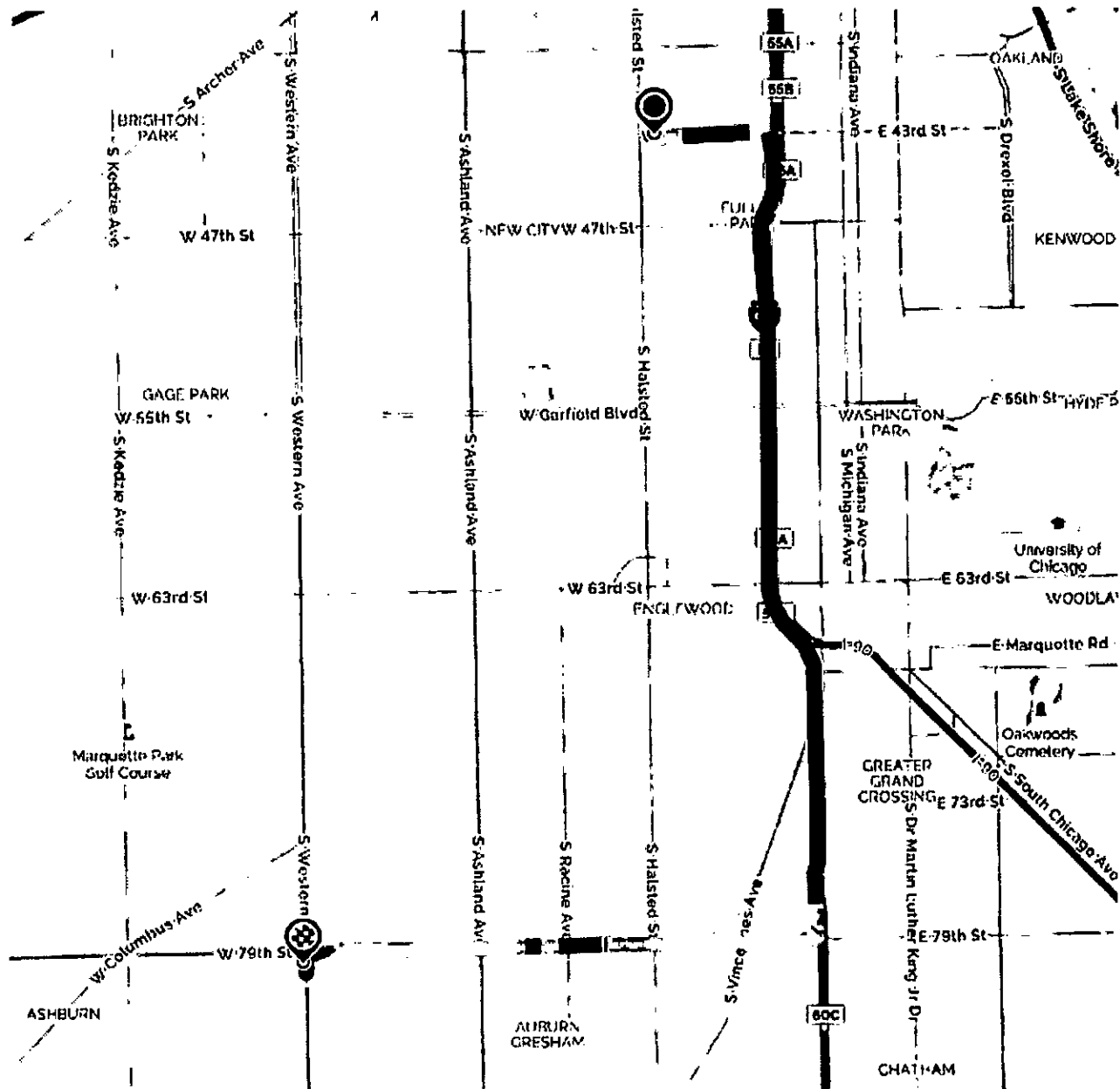
8.38 total miles



12. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**18 MIN | 7.8 MI** **Est. fuel cost: \$0.87**

Trip time based on traffic conditions as of 1:07 PM on July 14, 2017. Current Traffic: Heavy

FMC Bridgeport to proposed site for Auburn Park Dialysis



1. Start out going east on W 35th St toward S Halsted St.

Then 0.03 miles

0.03 total miles



2. Take the 1st right onto S Halsted St.

If you reach S Emerald Ave you've gone a little too far.

Then 0.50 miles

0.54 total miles



3. Turn right onto W Pershing Rd.

*W Pershing Rd is just past W 38th Pl.**If you reach W 41st St you've gone about 0.2 miles too far.*

Then 2.01 miles

2.55 total miles



4. Turn left onto S Western Ave.

*S Western Ave is just past S Western Blvd.**If you reach S Artesian Ave you've gone a little too far.*

Then 5.16 miles

7.71 total miles



5. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

7.75 total miles



6. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**20 MIN | 6.8 MI** **Est. fuel cost: \$0.72**

Trip time based on traffic conditions as of 1:08 PM on July 14, 2017. Current Traffic: Heavy

FMC Roseland to proposed site for Auburn Park Dialysis

Start of next leg of route

1. Start out going **west** on W 111th St toward S Wentworth Ave.

Then 1.45 miles

1.45 total miles

2. Turn **right** onto S Throop St.*S Throop St is 0.1 miles past S Racine Ave.**If you reach S Loomis St you've gone about 0.1 miles too far.*

Then 0.50 miles

1.95 total miles

3. Turn **left** onto W 107th St.*W 107th St is just past W 107th Pl.**If you reach W 106th Pl you've gone a little too far.*

Then 1.37 miles

3.33 total miles

4. Turn **right** onto S Western Ave.*S Western Ave is just past S Claramont Ave.**If you reach S Artesian Ave you've gone a little too far.*

Then 3.44 miles

6.76 total miles



5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**13 MIN | 4.1 MI** **Est. fuel cost: \$0.44**

Trip time based on traffic conditions as of 1:10 PM on July 14, 2017. Current Traffic: Heavy

USRC West Chicago to proposed site for Auburn Park Dialysis

1. Start out going **east** on W 86th St toward S Lafayette Ave.

Then 0.12 miles

0.12 total miles

2. Take the 1st **right** onto S Lafayette Ave.

Then 0.12 miles

0.23 total miles

3. Turn **right** onto W 87th St.

Then 2.95 miles

3.19 total miles

4. Turn **right** onto S Western Ave.*S Western Ave is 0.3 miles past S Longwood Dr.**If you reach S Rockwell St you've gone about 0.3 miles too far.*

Then 0.91 miles

4.10 total miles

5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**22 MIN | 5.4 MI** **Est. fuel cost: \$0.57**

Trip time based on traffic conditions as of 1:12 PM on July 14, 2017. Current Traffic: Heavy

FMC Greenwood to proposed site for Auburn Park Dialysis

**1. Start out going west on E 87th St toward S Greenwood Ave.**

Then 4.45 miles

4.45 total miles

**2. Turn right onto S Western Ave.***S Western Ave is 0.3 miles past S Longwood Dr.**If you reach S Rockwell St you've gone about 0.3 miles too far.*

Then 0.91 miles

5.36 total miles

**3. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.***Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**15 MIN | 6.2 MI** **Est. fuel cost: \$0.67**

Trip time based on traffic conditions as of 1:13 PM on July 14, 2017. Current Traffic: Heavy

Stony Island Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Stony Island Ave toward E 87th St.

Then 0.17 miles

0.17 total miles

2. Make a **U-turn** at E 86th St onto S Stony Island Ave.*If you reach E 85th Pl you've gone a little too far.*

Then 0.15 miles

0.32 total miles

3. Turn **right** onto E 87th St.*E 87th St is just past E 86th Pl.**If you reach E 88th St you've gone about 0.1 miles too far.*

Then 5.01 miles

5.33 total miles

4. Turn **right** onto S Western Ave.*S Western Ave is 0.3 miles past S Longwood Dr.**If you reach S Rockwell St you've gone about 0.3 miles too far.*

Then 0.91 miles

6.25 total miles

5. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*Your destination is just past W 80th St.**If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**12 MIN | 4.8 MI** **Est. fuel cost: \$0.54**

Trip time based on traffic conditions as of 1:16 PM on July 14, 2017. Current Traffic: Heavy

Grand Crossing Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Cottage Grove Ave toward E 74th St.

Then 0.23 miles

0.23 total miles

2. Take the 2nd **right** onto E 75th St.*E 75th St is 0.1 miles past E 74th St.**If you reach E 76th St you've gone about 0.1 miles too far.*

Then 1.35 miles

1.58 total miles

3. Turn **left** onto S Vincennes Ave.*S Vincennes Ave is just past S Wentworth Ave.**If you reach S Princeton Ave you've gone a little too far.*

Then 0.53 miles

2.11 total miles

4. Turn **right** onto W 79th St.*W 79th St is just past S Stewart Ave.**If you reach W 79th Pl you've gone a little too far.*

Then 2.52 miles

4.62 total miles

5. Turn **left** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you reach S Maplewood Ave you've gone about 0.1 miles too far.*

Then 0.13 miles

4.75 total miles

6. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

4.80 total miles

7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*

YOUR TRIP TO:

7939 S Western Ave

**14 MIN | 5.7 MI** **Est. fuel cost: \$0.64**

Trip time based on traffic conditions as of 1:17 PM on July 14, 2017. Current Traffic: Heavy

FMC Jackson Park to proposed site for Auburn Park Dialysis

1. Start out going **north** on S Stony Island Ave toward E 75th Pl.

Then 0.06 miles

0.06 total miles

2. Turn **left** onto E 75th St.*E 75th St is just past E 75th Pl.*

Then 2.39 miles

2.45 total miles

3. Turn **left** onto S Vincennes Ave.*S Vincennes Ave is just past S Wentworth Ave.**If you reach S Princeton Ave you've gone a little too far.*

Then 0.53 miles

2.98 total miles

4. Turn **right** onto W 79th St.*W 79th St is just past S Stewart Ave.**If you reach W 79th Pl you've gone a little too far.*

Then 2.52 miles

5.50 total miles

5. Turn **left** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you reach S Maplewood Ave you've gone about 0.1 miles too far.*

Then 0.13 miles

5.63 total miles

6. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

5.68 total miles

7. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*

YOUR TRIP TO:

7939 S Western Ave

**23 MIN | 7.1 MI** **Est. fuel cost: \$0.79**

Trip time based on traffic conditions as of 1:18 PM on July 14, 2017. Current Traffic: Heavy

Woodlawn Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **south** on S State St toward W 51st St.

Then 0.55 miles

0.55 total miles

2. Turn **right** onto W Garfield Blvd.*W Garfield Blvd is 0.1 miles past E 54th St.**If you reach E 56th St you've gone about 0.1 miles too far.*

Then 0.31 miles

0.86 total miles

3. Turn **left** onto S Wells St.*S Wells St is just past S Wentworth Ave.**If you reach S Princeton Ave you've gone a little too far.*

Then 0.06 miles

0.91 total miles

4. Merge onto I-90 (LOCAL) E/I-94 E/Dan Ryan Expy S via the ramp on the **left**.

Then 1.13 miles

2.04 total miles

5. Merge onto I-94 (EXPRESS) E/Dan Ryan Expy S toward **Indiana**.

Then 0.86 miles

2.90 total miles



6. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

3.51 total miles

7. Take EXIT 60C toward **79th St**.

Then 0.24 miles

3.75 total miles

8. Keep **right** at the fork in the ramp.

Then 0.16 miles

3.91 total miles

9. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

3.94 total miles



- 10. Turn right onto W 79th St.**
If you reach W 80th St you've gone about 0.1 miles too far.

Then 2.83 miles

6.77 total miles



- 11. Turn left onto S Oakley Ave.**
If you reach S Claremont Ave you've gone a little too far.

Then 0.13 miles

6.89 total miles



- 12. Take the 2nd right onto W 80th St.**
W 80th St is just past W 79th Pl.
If you reach W 80th Pl you've gone a little too far.

Then 0.12 miles

7.01 total miles



- 13. Take the 1st right onto S Western Ave.**
If you are on S Western Ave and reach W 80th Pl you've gone a little too far.

Then 0.04 miles

7.05 total miles



- 14. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.**
If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**17 MIN | 6.3 MI** **Est. fuel cost: \$0.70**

Trip time based on traffic conditions as of 1:20 PM on July 14, 2017. Current Traffic: Heavy

FMC South Shore to proposed site for Auburn Park Dialysis

1. Start out going **west** on E 79th St toward S Yates Blvd.

Then 6.08 miles

6.08 total miles

2. Turn **left** onto S Western Ave.*S Western Ave is just past S Claremont Ave.**If you reach S Maplewood Ave you've gone about 0.1 miles too far.*

Then 0.13 miles

6.21 total miles

3. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

6.26 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**22 MIN | 7.6 MI** **Est. fuel cost: \$0.83**

Trip time based on traffic conditions as of 1:26 PM on July 14, 2017. Current Traffic: Heavy

SAH Dialysis to proposed site for Auburn Park Dialysis



1. Start out going east on W 26th St toward S Whipple St.

Then 0.84 miles

0.84 total miles



2. Turn right onto S Western Ave.

S Western Ave is 0.2 miles past S Rockwell St.

If you are on S Blue Island Ave and reach S Claremont Ave you've gone a little too far.

Then 6.67 miles

7.52 total miles



3. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

7.56 total miles



4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**23 MIN | 7.3 MI** **Est. fuel cost: \$0.82**

Trip time based on traffic conditions as of 1:28 PM on July 14, 2017. Current Traffic: Heavy

Little Village Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **west** on W Cermak Rd toward S Western Ave.

Then 0.09 miles

0.09 total miles

2. Take the 1st **left** onto S Western Ave.

Then 7.17 miles

7.26 total miles

3. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

7.31 total miles

4. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*

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YOUR TRIP TO:

7939 S Western Ave

**22 MIN | 13.7 MI** **Est. fuel cost: \$1.53**

Trip time based on traffic conditions as of 1:29 PM on July 14, 2017. Current Traffic: Heavy

Stroger Hospital Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **east** on W Harrison St toward S Wood St.

Then 0.33 miles

0.33 total miles

2. Turn **left** onto S Ashland Ave.*S Ashland Ave is 0.1 miles past S Paulina St.*

Then 0.07 miles

0.41 total miles

3. Turn **right** onto W Congress Pkwy.*If you reach W Van Buren St you've gone a little too far.*

Then 0.01 miles

0.42 total miles

4. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E via the ramp on the **left**.

Then 0.87 miles

1.29 total miles

5. Merge onto I-90 E/I-94 E/Dan Ryan Expy S toward **Indiana**.

Then 2.51 miles

3.80 total miles

6. Keep **left** to take I-94 (EXPRESS) E/Dan Ryan Expy S toward **Garfield Blvd**.

Then 5.68 miles

9.48 total miles



7. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

10.09 total miles

8. Take **EXIT 60C** toward **79th St**.

Then 0.24 miles

10.34 total miles

9. Keep **right** at the fork in the ramp.

Then 0.16 miles

10.50 total miles

10. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

10.52 total miles



11. Turn right onto W 79th St.

If you reach W 80th St you've gone about 0.1 miles too far.

Then 2.95 miles

13.48 total miles



12. Turn left onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Maplewood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

13.61 total miles



13. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

13.65 total miles



14. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**24 MIN | 10.3 MI** **Est. fuel cost: \$1.15**

Trip time based on traffic conditions as of 1:33 PM on July 14, 2017. Current Traffic: Heavy

FMC Chicago Dialysis Center to proposed site for Auburn Park Dialysis

1. Start out going **west** on W Hubbard St toward N Woicott Ave.

Then 0.24 miles

0.24 total miles

2. Turn **left** onto N Damen Ave.*N Damen Ave is just past N Winchester Ave.**If you reach N Seeley Ave you've gone a little too far.*

Then 1.18 miles

1.41 total miles

3. Turn **slight right** onto W Ogden Ave.*W Ogden Ave is just past W Harrison St.**If you are on S Damen Ave and reach W Polk St you've gone a little too far.*

Then 0.74 miles

2.15 total miles

4. Turn **left** onto S Western Ave.*If you reach S Campbell Ave you've gone about 0.1 miles too far.*

Then 8.05 miles

10.20 total miles

5. Make a **U-turn** at W 80th St onto S Western Ave.*If you reach W 80th Pl you've gone a little too far.*

Then 0.05 miles

10.25 total miles

6. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the **right**.*If you reach W 79th Pl you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

7939 S Western Ave

**20 MIN | 12.2 MI** **Est. fuel cost: \$1.43**

Trip time based on traffic conditions as of 1:35 PM on July 14, 2017. Current Traffic: Heavy

FMC Polk Street to proposed site for Auburn Park Dialysis

1. Start out going **west** on W Polk St toward S Jefferson St.

Then 0.10 miles

0.10 total miles

2. Turn **left** onto S Desplaines St.*S Desplaines St is just past S Jefferson St.**If you reach the end of W Polk St you've gone a little too far.*

Then 0.15 miles

0.25 total miles

3. Take the 1st **right** onto W Taylor St.*W Taylor St is 0.1 miles past W Cabrini St.**If you reach W Roosevelt Rd you've gone about 0.1 miles too far.*

Then 0.08 miles

0.34 total miles

4. Turn **left** onto S Union Ave.*If you reach S Halsted St you've gone a little too far.*

Then 0.18 miles

0.51 total miles



5. Merge onto I-90 E/I-94 E/Dan Ryan Expy S.

Then 1.81 miles

2.33 total miles

6. Keep **left** to take I-94 (EXPRESS) E/Dan Ryan Expy S toward **Garfield Blvd.**

Then 5.68 miles

8.01 total miles



7. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

8.62 total miles

8. Take **EXIT 60C** toward **79th St.**

Then 0.24 miles

8.87 total miles

9. Keep **right** at the fork in the ramp.

Then 0.16 miles

9.03 total miles



10. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

9.05 total miles



11. Turn **right** onto W 79th St.

If you reach W 80th St you've gone about 0.1 miles too far.

Then 2.95 miles

12.01 total miles



12. Turn **left** onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Maplewood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

12.14 total miles



13. Make a **U-turn** at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

12.18 total miles



14. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**22 MIN | 13.7 MI** **Est. fuel cost: \$1.62**

Trip time based on traffic conditions as of 1:37 PM on July 14, 2017. Current Traffic: Heavy

Circle Medical Management to proposed site for Auburn Park Dialysis

1. Start out going **east** on W Washington Blvd toward N Loomis St.

Then 0.83 miles

0.83 total miles

2. Turn **right** onto N Halsted St.*N Halsted St is just past N Academy Pl.*

Then 0.10 miles

0.93 total miles

3. Take the 1st **left** onto W Madison St.*If you are on S Halsted St and reach W Monroe St you've gone a little too far.*

Then 0.08 miles

1.01 total miles



4. Merge onto I-90 E/I-94 E.

If you reach N Desplaines St you've gone a little too far.

Then 2.83 miles

3.84 total miles

5. Keep **left** to take I-94 (EXPRESS) E/Dan Ryan Expy S toward **Garfield Blvd.**

Then 5.68 miles

9.53 total miles



6. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

10.14 total miles

7. Take **EXIT 60C** toward **79th St.**

Then 0.24 miles

10.38 total miles

8. Keep **right** at the fork in the ramp.

Then 0.16 miles

10.54 total miles

9. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

10.57 total miles

10. Turn **right** onto W 79th St.*If you reach W 80th St you've gone about 0.1 miles too far.*

Then 2.95 miles

13.52 total miles



11. Turn left onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Maplewood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

13.65 total miles



12. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

13.70 total miles



13. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**24 MIN | 15.3 MI** **Est. fuel cost: \$1.79**

Trip time based on traffic conditions as of 1:40 PM on July 14, 2017. Current Traffic: Heavy

TRC Children's Dialysis to proposed site for Auburn Park Dialysis

1. Start out going **east** on N Kingsbury St toward N Halstad St.

Then 0.04 miles

0.04 total miles

2. Turn **right** onto N Halsted St.

Then 0.10 miles

0.14 total miles

3. Take the 1st **right** onto W Division St.*W Division St is just past W Scott St.**If you reach N Kingsbury St you've gone a little too far.*

Then 0.70 miles

0.84 total miles



4. Merge onto I-90 E/I-94 E via the ramp on the left.

If you reach N Noble St you've gone a little too far.

Then 4.61 miles

5.45 total miles

5. Keep **left** to take I-94 (EXPRESS) E/Dan Ryan Expy S toward **Garfield Blvd.**

Then 5.68 miles

11.13 total miles



6. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

11.75 total miles

7. Take **EXIT 60C** toward **79th St.**

Then 0.24 miles

11.99 total miles

8. Keep **right** at the fork in the ramp.

Then 0.16 miles

12.15 total miles

9. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

12.18 total miles

10. Turn **right** onto W 79th St.*If you reach W 80th St you've gone about 0.1 miles too far.*

Then 2.95 miles

15.13 total miles



11. Turn left onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Maplewood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

15.26 total miles



12. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

15.31 total miles



13. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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YOUR TRIP TO:

7939 S Western Ave

**19 MIN | 11.0 MI** **Est. fuel cost: \$1.28**

Trip time based on traffic conditions as of 1:43 PM on July 14, 2017. Current Traffic: Heavy

FMC Prairie to proposed site for Auburn Park Dialysis

1. Start out going **south** on S Wabash Ave toward E 18th St.

Then 0.40 miles

0.40 total miles

2. Turn **right** onto E Cermak Rd.*E Cermak Rd is just past E 21st St.**If you reach E 23rd St you've gone about 0.1 miles too far.*

Then 0.30 miles

0.69 total miles

3. Turn **left** onto ramp.*If you reach S Wentworth Ave you've gone a little too far.*

Then 0.18 miles

0.87 total miles

4. Keep **left** at the fork in the ramp.

Then 0.51 miles

1.38 total miles

5. Merge onto I-90 (EXPRESS) E/I-94 E/Dan Ryan Expy S via the ramp on the **left** toward Garfield Blvd.

Then 3.65 miles

5.03 total miles

6. Stay **straight** to go onto I-94 (EXPRESS) E/Dan Ryan Expy S.

Then 1.75 miles

6.78 total miles



7. I-94 (EXPRESS) E/Dan Ryan Expy S becomes I-94 E/Dan Ryan Expy S.

Then 0.61 miles

7.40 total miles

8. Take **EXIT 60C** toward 79th St.

Then 0.24 miles

7.64 total miles

9. Keep **right** at the fork in the ramp.

Then 0.16 miles

7.80 total miles

10. Turn **slight left** onto S Lafayette Ave.

Then 0.03 miles

7.83 total miles



11. Turn right onto W 79th St.

If you reach W 80th St you've gone about 0.1 miles too far.

Then 2.95 miles

10.78 total miles



12. Turn left onto S Western Ave.

S Western Ave is just past S Claremont Ave.

If you reach S Maplewood Ave you've gone about 0.1 miles too far.

Then 0.13 miles

10.91 total miles



13. Make a U-turn at W 80th St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.05 miles

10.96 total miles



14. 7939 S Western Ave, Chicago, IL 60620-5941, 7939 S WESTERN AVE is on the right.

If you reach W 79th Pl you've gone a little too far.

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After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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Appendix 2 - Drive Times

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November 3, 2017

Courtney Avery, Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RECEIVED

NOV 06 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Dear Ms. Avery,

Please find enclosed with this cover letter a completed Certificate of Need Application, submitted on behalf of applicants DaVita, Inc. and Joliet Dialysis, LLC. The applicants propose to establish an in-center hemodialysis facility at 214 Collins Street, Joliet, IL, 60432.

As detailed within the application, this project is subject to substantive review because it involves the establishment of a health care facility.

Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions regarding the proposed project to establish an in-center hemodialysis facility.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Niehaus", written over a horizontal line.

Bryan Niehaus, JD, CHC
Senior Consultant
Murer Consultants, Inc.